Observations
ON
LITHOTOMY, AND ON CERTAIN CASES OF ENLARGED PROSTATE.

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ALTHOUGH probably no subject in surgery has been written about so voluminously as lithotomy, it has often appeared to me that many things associated with this operation have been carelessly passed over, or so slightly noticed that, practically, they may be said to have escaped observation. Supposing this statement to be correct, I am disposed to account for it by the circumstance that the most experienced lithotomists have not always been the best or most comprehensive writers on the subject. The reticence of Rau and of Cheselden is an appropriate illustration; and treatises on the operation have been written by many who have had such limited personal experience that important practical matters have often been overlooked, while things having no existence have often been dwelt upon as if of common occurrence. As an illustration of this last statement, I may refer to the so-called infiltration of urine alleged to be so common after this operation. Such an event, if it ever occurs, is exceedingly rare, and I have never seen an example of the kind. An erysipelatous inflammation, with considerable infiltration of serum, lymph, and pus, has occasionally been mistaken for this state, I believe. I have often seen instances of great accumulation of urine in the bladder after lithotomy, without the smallest infiltration.

As my personal experience in lithotomy extends to nearly two hundred cases, besides numerous operations I have witnessed in the hands of others, I trust that it may not be deemed presumptuous on my part if, claiming some authority on the subject, I venture to record some points which have been little noticed, if at all, by the generality of writers on this absorbing subject. I am the more induced to do so, because I have reason to think that some observations on lithotomy in children, made by me in my lectures at the College of Surgeons in 1864, have had good effect. What I then stated was the result of much thought and considerable individual experience. The distance of the neck of the bladder from the perineum, the ease with which the membranous portion of the urethra may be torn across, and the facility with which the prostate and neck of the bladder may be thereafter pushed upwards and backwards, were particularly dwelt upon; and a seemingly correct explanation, as I hope, was given of the frequency of not finding the stone in this operation, as also regarding the conclusion that stone had not actually been present in such cases,—the real fact being that the operator had failed to reach the bladder. More mistakes of this kind have been made on children than on adults, and experience has convinced me that the difficulties and mechanical dangers are actually greater in children than in the adult. On the occasion referred to, I pointed out the common error of supposing that because lithotomy is comparatively so successful in its results in children, it is easy of performance in similar proportion. Such however is, in my opinion, not the case; and youth, with the strong natural disposition to reparation of wounds in early years, are the principal reasons for the happy results of this operation on patients under the age of puberty.

In my experience I have learned something more about the prostate than is usually stated in books about lithotomy, or about that organ itself. Operative surgery and surgical pathology have been largely taught by the pure anatomist, who has had little experience in either subject; and there has been on that account, in my estimation, a large amount of questionable doctrine laid down for the guidance of the practical surgeon. He may, indeed, be years in practice before he can, by thinking for himself, get rid of what I am often disposed to call dissecting-room surgery. I look back with amazement at the amount of writing and so-called instruction as to the limit or want of limit of incisions in the prostate in lithotomy. The healthy prostate, such as it may be considered between puberty and fifty years of age, has usually been taken as the standard of size. In accordance with theories of the teacher or author, a limited incision has been the favourite with one, whilst a free wound through the whole substance has been inculcated by the other. Yet lithotomy is more rarely required during the period referred to than at an earlier or later date. In two-thirds of the cases for this operation the prostate is either below or above the size most generally indicated in these speculations. In early years there can be no doubt that it is either cut or torn throughout; but in advanced years it may be doubted if it ever is either torn or divided entirely, excepting in rare instances, even by those who profess to use the knife freely in this part of the operation. Without proposing at present to discuss the question of free or limited incisions, I am desirous of drawing attention to the circumstance that the lithotomist often deals with the prostate in old men under circumstances very different from those under which it is seen by the pathologist or treated in ordinary practice. The pathologist and practitioner usually look upon the enlargement as a whole, or perhaps with reference to the special enlargement of the middle lobe. The one looks to the appearance of the enlarged parts; the other thinks of the effects of these upon micturition, or how, where there is much irritation associated with the condition, he can best and most readily give his patient relief by catheter or otherwise.

Now, although most formidable cases of stone are often met with in old age without any marked enlargement or change in the prostate, it frequently happens that the lithotomist finds the gland enlarged, and in the ordinary lateral operation his knife, finger, and instruments, pass through the part where enlargement is almost invariably greatest—viz., the lateral lobe. In the normal state of the prostate, the firm fibrous structure, as usually seen by the anatomist, can be readily appreciated. Even when there is enlargement, the firm fibrous character may still seem predominant. But in many instances, as the forefinger passes towards the bladder, the sensation is as if its point glided through several rounded bodies in the substance of the gland, which are but slenderly in contact with each other. It is seldom that the pathologist takes this route in examining or displaying the gland, and so perhaps little has been said about this condition. For my own part, although, like others, familiar with the condition, I had never heard any reference to it in association with lithotomy, and it was not until I had some considerable experience in this operation that I perceived the great importance of the fortuitous combination. Repeatedly I had been conscious, during a succession of operations, of feeling, and often, too, of seeing, this condition. The feeling may be easily understood, but seeing can only be appreciated after explanation. When the stone is being extracted, within the grasp of the forceps, there is often considerable resistance, even when the knife and forefinger have been freely used to give ready passage to and from the bladder. In some instances the stone, whilst all but through the wound, seems to be held *in situ*. If at this time the operator looks carefully, particularly on pushing the skin and margin of the wound a little aside, he will see some tissue or substance between the blades in the space between the hinge and stone. With a slight pressure of the point of the finger this object will disappear from between the blades, and extraction will then seem comparatively easy. This is in reality one or more of the lobules referred to. It has not been grasped between the blades in seizing the stone, but has slipped into the space, as the forceps and stone have been drawn outwards. On such occasions I was glad to let the substance remain without further notice, and I confess to the fear that by referring specially to what I had noticed I might be deemed to have used unwarrantable liberties with the prostate. After repeated experience of this sort, it occurred to me that the propriety of leaving such loosened masses was questionable; and at last, on a tempting occasion, I seized,

after the extraction, one or more of these bodies, and partly tore and partly cut them away. To my great delight, no evil followed, and the patient, about seventy-five years old, made a most satisfactory recovery, having no special symptoms afterwards.

In 1848, I exhibited specimens of this kind at the Pathological Society of London, and not long after heard whispers about rough and improper proceedings in lithotomy,—coming chiefly, or rather solely, from those who had rarely, if ever, performed the operation. Criticism of the kind was almost enough to deter from similar pathological information, but I have since followed the practice repeatedly whenever it seemed to me needful, and I have never had occasion to regret doing so. The subject has recently been brought under my notice in a peculiarly interesting manner. During lithotomy on a patient nearly eighty years of age, in whose case my anxiety was special, I recognised this condition of the prostate. There was no peculiarity in the operation, but in extraction I recognised the hitch above referred to. When the stone was extracted I turned my attention to the lower part of the prostate, and found it so loose already that I accomplished its enucleation with the point of the fore-finger of my left hand, with as much readiness almost as if it had been a stone lying loose in the left lobe of the prostate. The circumstances were peculiar, perhaps unprecedented in the history of lithotomy, and I drew the special attention of a professional brother, a near relation of the patient, who was present, to the circumstance. I felt convinced at the time that, whatever might be the result, I did the best for the patient, although his condition was critical in the extreme, and the operation was deemed a last resource. His recovery was slow, owing to previous exhaustion, but there never has been any irritation in the prostate. I do not feel at liberty to mention all the features and history of this case, but I pledge my word and name, for what may be their value, that it is worthy of being a precedent case.

The thought of being of service to any future sufferer, or any professional brother, induces me to put such experience on record in a manner more forcible than heretofore. The interests of patients and of surgeons are alike involved in these observations; and there are points or questions connected with them which, in my estimation, deserve attention from all engaged in the department of surgery to which the above remarks relate. In many cases of stone in the bladder the distress of the patient is plainly attributable to this cause; but occasionally the presence of stone produces so little irritation that its discovery is a matter almost of chance. Often, however, enlargement of the prostate gives rise to most, perhaps all, of the symptoms and sufferings of stone. When stone is combined with enlarged prostate, who can say from which cause the distress is greatest? So if it happens that the surgeon is called upon to relieve his patient from stone, and finds an enlarged prostate at the same time, why should he not, in extracting the stone, when it seems in his power, as in the cases above referred to, take away a superfluous portion of the prostate at the same time? The masses alluded to seem like adenoid tumours in the original substance of the prostate; their removal may be deemed a relief, and a possible solution of the distress of enlarged prostate; and, as the entire wound in lithotomy most generally closes by granulation, the very removal of such well-nigh isolated masses will leave less surface for inflammation, suppuration, and granulation. If allowed to remain, it is not likely that they will adhere to their former site by immediate union; if they do not, a larger surface must be exposed to the irritating influence of urine, and a double suppurating and granulating surface must be the result.

But, without speculating on such matters, I hasten to enunciate the conclusion at which this paper aims. There is a certain timidity in the practice of surgery which may in many respects be deemed becoming; and precedents are often as much prized among us as with practitioners in law. There would, however, be no progress unless someone from time to time stepped out of the accredited course; and so, with such authority as I can humbly claim, I have thus ventured to put on record what some of my professional brethren may have hesitated to do, from a fear that they have been guilty, in their operations, of perpetrating some rough mechanism not in accordance with that nicety of manipulation which is thought so essential in the performance of the master handiwork in surgery—lithotomy.

ON THE

LOCATION IN THE SPINAL CORD OF A SPECIAL SET OF MOTOR NERVES DISTINCT FROM THE VOLUNTARY MOTOR.

BY C. E. BROWN-SÉQUARD, M.D., F.R.S., &c.

IN the appendix to my work on the Central Nervous System,* I have already pointed out the existence, in the base of the brain, of a large number of nerve-fibres having a great share in the production of convulsive movements, either as reflecto-motor or otherwise, and quite distinct from the voluntary motor nerves. I have lately made experiments which show conclusively that in the spinal cord there are motor (reflecto-motor) nerve-fibres occupying a distinct place, so that they may be paralysed while the voluntary motor nerve-fibres are not. The following facts leave no doubt on this point:—

1st. If I divide the posterior column and almost the whole of the lateral column of the spinal cord, with the posterior and central parts of the grey matter, in the dorsal region, in a guinea-pig, I find, when the animal has become epileptic, that the irritation of the part of the face and neck which I have called *epileptogenous*, determines reflex convulsive movements everywhere, except in the posterior limb on the side of the injury. This lack of reflex movements is not due to a paralysis of the nerves serving to voluntary movements, as, if that limb is at first a little paralysed after the operation, it soon recovers power, and has no trace of weakness by the time epileptic fits can be provoked.

2nd. If only the posterior column and a very slight part of the grey matter, with a still slighter part of the lateral column of the spinal cord, is divided in a guinea-pig, in the dorsal region, the four limbs are attacked with reflected convulsive movements when the *epileptogenous* zone is irritated. In this case the encephalon communicates with the posterior limb on the side of the injury for both voluntary and reflected convulsive movements.

3rd. If, in another animal, the lesions mentioned in the preceding experiments have been made, at the same level of the cord, one on the right side, the other on the left side, I find that the two sides of the face and neck acquire the epileptogenous power, and that fits can, therefore, be produced by the irritation of either side; but whether the right or the left side be irritated, there are reflected convulsive movements only in three limbs; the posterior one, on the side where the lateral column of the cord is divided, remaining without the least convulsion, while the three other limbs are violently convulsed. Both lower limbs, however, remain endowed with strong voluntary movements.

4th. In animals having had a complete section of a lateral half of the spinal cord, at the level of the tenth dorsal vertebra, and having become epileptic, I have ascertained that the voluntary movements, after a period of very great diminution in the posterior limb on the side of the lesion, return gradually almost to the normal condition, in a variable number of months. In many guinea-pigs, having recovered voluntary movements even for a year or eighteen months, I have never seen but very slight convulsions in the posterior limb on the side of the injury. Reunion of nerve-fibres serving to voluntary motor fibres can, therefore, take place to a very great extent in the spinal cord, after having been divided; but there is hardly any reunion for the nerve-fibres which, in attacks of epilepsy, give rise to reflected convulsive movements.

These facts, and others which I do not think it necessary to publish, seem to prove conclusively—

1st. That nerve-fibres employed in making muscles contract, in fits of epilepsy, are quite distinct from voluntary motor nerve-fibres.

2nd. That these two sets of motor nerve-fibres do not occupy the same place in the spinal cord, the voluntary motor being more in the anterior (grey and white) parts of that organ, the others being chiefly in the lateral column.†

Paris, Dec. 1869.

* Course of Lectures on the Physiology and Pathology of the Central Nervous System, p. 241. 1860.

† This is in harmony with the fact well proved by my very able friend, Dr. Charcot, that inflammation (sclerosis) of the lateral column of the spinal cord is invariably accompanied by strong muscular spasms.

CASE OF

CANCEROUS STRICTURE OF THE RECTUM, PRODUCING OBSTRUCTION, SUCCESSFULLY RELIEVED BY COLOTOMY.

BY T. B. CURLING, F.R.S.

MR. C——, aged forty-eight, a tall, hale-looking man, a market-gardener, was brought to me by Mr. C. Thompson, of Westerham, on March 13th, 1868, on account of obstruction in the lower bowel. It appeared that he had been subject to relaxed bowels for three or four years, and that he had not passed a formed motion during that period. He had voided bloody mucus occasionally. His bowels having been confined for several days, he was induced to take some black draughts and large doses of castor-oil. They produced no evacuations, but caused vomiting, and he then sent for Mr. Thompson, who allayed the sickness with opium. He passed afterwards a very small quantity of liquid feculent matter. When I saw him, obstruction had existed for twelve days. His tongue was loaded, and he had lost all appetite. His pulse was tolerably firm. His abdomen was enlarged, but not extremely distended, and there was no pain on pressure in any part. On digital examination of the rectum, I detected, as high up as the finger could reach, a mass of induration, with a close irregular aperture, indicating a cancerous stricture. I had no hesitation in recommending colotomy to relieve the obstruction, and to retard the progress of the cancerous disease. On the 15th, I went down to Westerham, and performed the operation. Since the 13th, about half a pint of liquid feculent matter had escaped from the rectum, but the distension of the abdomen was increased. Chloroform was given, and the colon was found without difficulty. Not an ounce of blood was lost in the operation. Liquid feculent matter passed freely from the opening in the colon in the course of the day.

I did not see this patient again, but received reports of his subsequent progress from Mr. Thompson. In a letter dated March 19th, 1869, more than a year afterwards, he states: "The colotomy has answered its purpose admirably in Mr. C——'s case. There has been no trouble in getting free evacuation of the bowel, and matters have been so well managed that really there has been little or no unpleasantness. He has worn generally a pad—a piece of sponge covered with oil silk,—or a large bone nipple shield immediately over the false anus, covered with a small square of spongio-piline, slightly wetted with carbolic-acid lotion, the whole being kept in place by a stout belt. The bowels have generally emptied themselves once a day, and the rest of the time there has been no inconvenience. He has suffered a good deal from tenesmus, and discharges of blood-stained mucus from the rectum; but I control this, and the pains which at times are severe all over the pelvic region, with suppositories of opium. He is now using about four grains a day. He is getting slowly weaker, but his life is very tolerable."

Our patient lived till the 12th of August, having survived the operation seventeen months. Mr. Thompson writes thus:—

"He had been gradually sinking for some months, and the end was caused by the sudden loss of a considerable quantity of blood from the rectum. He suffered very much latterly from attacks of violent neuralgic pains, with spasms of the muscles of both thighs, and occasionally had attacks of convulsive spasms of the muscles of the arms and neck. To relieve these, I was accustomed to give morphia subcutaneously, and at last the large dose of three grains and a half was thus administered twice daily without producing narcotism. Besides this, the rectum was so irritable that he had four grains of opium introduced in suppositories twice daily, and he was most uncomfortable if they were omitted."

Mr. Thompson examined the body, and noticed how little it was emaciated. He found the shrunken colon healthy for about four inches below the false anus. He could not get the tip of his finger below the sigmoid flexure. A mass of hard cancer blocked it completely, and seemed to have obliterated the several structures. It invaded the posterior wall of the pelvis, sacral plexus, &c., accounting for the pains the patient had suffered. The other viscera appeared healthy, but the examination was hurried. A large tumour had formed at the right elbow, which seemed to be a deposit of soft cancer in the upper part of the radius, distending the bone.

This case is deserving of record, as showing the great advantage of colotomy in cancer of the rectum. The patient was not only rescued from impending death from obstruction, and survived the operation seventeen months, but, as Mr. Thompson's reports show, he lived in tolerable comfort for twelve months, when the advance of the disease gave rise to considerable suffering, which required unusually large doses of morphia for its relief. It was fortunate for the patient that colotomy was required at a comparatively early period of the disease; for it is only when the operation is performed early that we can hope to retard the progress of cancer, and to prevent the frequent painful defecation which is generally so distressing in these cases.

In a recent discussion at the Clinical Society, Mr. Erichsen is reported to have said "that the great relief afforded by colotomy in cancer had been demonstrated in Paris as elsewhere." The credit of having first suggested the operation to retard the progress of scirrhous disease of the rectum and large intestine, and to prolong life, is justly due to Amussat; but his memoirs on the operation, which I presume include all the cases in which he had performed it, contain no case in which it was done without the existence of obstruction—merely to relieve the sufferings of cancer; and what is remarkable, the French surgeons do not seem to have appreciated the advantages of the operation for this purpose. I know of no published case in which colotomy has been performed in Paris except to relieve obstruction.

Grosvenor-street, Dec. 1869.

FURROWS ON THE NAILS AFTER ILLNESS.

BY SAMUEL WILKS, M.D.,
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IN a number of THE LANCET for January of the present year I gave a brief account of certain markings on the nails, observable a short period after illness, indicating that at this time the nutritive processes must have been in abeyance. I stated that this indentation on the nail was so common, and was so readily observable by patients themselves, that the absence of all mention of it by systematic writers must be considered most remarkable. Subsequently, Mr. Erasmus Wilson stated that in a later edition of his work he had quoted from an article by M. Beau, which appeared in vol. ii. of the Archives Générales de Médecine, but Mr. Wilson says nothing to confirm the author's observations. In this essay, which appeared many years ago, M. Beau appears to have carefully studied the subject, and describes how, after a severe illness, a horizontal notch or mark appears on the nails; and he proceeds to state how, by its position, we may be enabled to fix the date of the illness; for the nails of the fingers grow a millimetre a week, or one whole length in the space of five months. The nails of the great toes take four times this period. Thus, if a marking be found on the nails situated midway between the root and the extremity, the illness must have occurred about three months previously. From my own observations, I should say that the descriptions given by M. Beau are tolerably correct.

In confirmation of the statement which I made in my former paper, to the effect that although no account of the subject was to be found in books on general medicine, or on cutaneous diseases, yet that I believed such a striking fact as markings on the nail after an illness must be well known, I may say that that paper brought me several communications of great interest, not only substantiating the statements therein made, but indicating that the subject was one worthy of further investigation. I may state, too, that my later experience has shown how very commonly this marking of the nails is met with after disorders of various kinds, and that illnesses of a not very definite character, but which cause great prostration, will more readily

leave a trace of their existence than those local affections of organs which appear at the time much more formidable. Thus I am now seeing a gentleman who had a bad attack of gout a short time ago, and a distinct mark is visible on his nails, corresponding to the time of the illness. In another gentleman there exists a mark on his nails at about one-eighth part distant from the root; he had an attack of acute rheumatism about six weeks ago. I have also lately seen another patient with these markings well formed after a severe attack of diphtheria.

Amongst the many interesting communications which have come to hand, I may mention one from Sir Thomas Watson, in which he informs me that he had several years ago an interesting conversation with Dr. Maclean, of the Colchester Hospital, on this subject; the latter gentleman having observed transverse depressions on men's nails in consequence, as he thought, of temporary starvation or arrest of nutrition of the tissues during a bygone acute disease, and these he called "hunger traces." Dr. Maclean had also noticed similar furrows on the hoofs of horses, and indentations or traces on the wings and tail feathers of domestic fowls and of wild birds living in captivity under similar conditions. Mr. Salter also informs me that some illnesses leave indelible traces on the teeth; and, if I have not misunderstood him, he has known a severe attack of whooping cough in childhood leave its traces on the teeth for ever. Dr. Mackaye, of Ardgay, informs me that he was much interested in the subject many years ago, not only in reference to the nails, but as to the changes which the hair undergoes; and he was led more especially to the investigation by the allusions made to the subject by Professor Alison in his lectures at the Edinburgh University. Dr. Washbourn, of Gloucester, also sent me a very interesting account of his own case, which was one of a most severe choleraic attack, accompanied by an alarming prostration and a sensation of icy coldness at the epigastrium; this was succeeded on his recovery by markings on all his nails, which he watched creeping on to the edge, when they finally disappeared.

There seems, then, to be sufficient facts to prove that during a severe illness a partial cessation of the nutritive processes takes place, as shown by the markings on the nails, by the falling off of the hair, or by the furrows on the teeth. Further observation may show in what affections these changes are more likely to occur, and thus may afford some indication of the amount of prostration which the system has undergone. It is remarkable that the first case in which I observed the nail-marks was one identical with that of Dr. Washbourn, one where a sudden and almost fatal prostration succeeded to a choleraic attack. The whole subject is suggestive of a wide field of physiological and pathological inquiry; at present it remains rather within the range of clinical study.

Grosvenor-street, W., Dec. 1869.

ON THE

EFFECTS OF THE ANTISEPTIC SYSTEM OF TREATMENT UPON THE SALUBRITY OF A SURGICAL HOSPITAL.

BY JOSEPH LISTER, F.R.S.,

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THE antiseptic system of treatment has now been in operation sufficiently long to enable us to form a fair estimate of its influence upon the salubrity of an hospital.

Its effects upon the wards lately under my care in the Glasgow Royal Infirmary were in the highest degree beneficial, converting them from some of the most unhealthy in the kingdom into models of healthiness. The interests of the public demand that this striking change should be made generally known; and in order to do justice to the subject, it is necessary, in the first place, to allude shortly to the position and circumstances of the wards.

Each of the four surgeons of the infirmary had charge of three large wards, two male and one female, besides several small ones for special cases. Of these, the most important were the male accident ward and that for female patients, the former containing the chief operation cases as well as those of injury. The third main ward of each surgeon was devoted to chronic male cases, and was in the old infirmary building; but the other two were in the "New Surgical Hospital," erected nine years ago. This consists of four stories above a basement, each floor containing two large wards communicating with a central staircase, besides several smaller apartments. The wards are spacious and lofty, and in the centre of each are two open fireplaces, in a column which runs straight up to the roof, conveying the chimneys of all the floors, and also collateral ventilating shafts, which are warmed by the chimneys that accompany them, and, communicating with various apertures in the ceilings, form excellent means of carrying off the vitiated atmosphere, while fresh air is amply supplied by numerous windows at both sides, the beds being placed in the intervals between them, at a considerable distance from each other. Except the serious defect that the waterclosets in many cases open directly into the wards, the system of construction seemed all that could be desired.

But, to the great disappointment of all concerned, this noble structure proved extremely unhealthy. Pyæmia, erysipelas, and hospital gangrene soon showed themselves, affecting, on the average, most severely those parts of the building nearest to the ground,* including my male accident ward, which was one of those on the ground-floor; while my female ward was on the floor immediately above. For several years I had the opportunity of making an observation of considerable, though melancholy, interest—viz., that in my accident ward, when all or nearly all the beds contained patients with open sores, the diseases which result from hospital atmosphere were sure to be present in an aggravated form; whereas, when a large proportion of the cases had no external wound, the evils in question were greatly mitigated or entirely absent. This appeared striking evidence that the emanations from foul discharges, as distinguished from the mere congregation of several human beings in the same apartment, constitute the great source of mischief in a surgical hospital. Hence I came to regard simple fractures, though almost destitute of professional interest to myself and of little value for clinical instruction, as the greatest blessings; because, having no external wound, they diminished the proportion of contaminating cases. At this period I was engaged in a perpetual contest with the managing body, who, anxious to provide hospital accommodation for the increasing population of Glasgow, for which the infirmary was by no means adequate, were disposed to introduce additional beds beyond those contemplated in the original construction. It is, I believe, fairly attributable to the firmness of my resistance in this matter that, though my patients suffered from the evils alluded to in a way that was sickening and often heartrending, so as to make me sometimes feel it a questionable privilege to be connected with the institution, yet none of my wards ever assumed the frightful condition which sometimes showed itself in other parts of the building, making it necessary to shut them up entirely for a time. A crisis of this kind occurred rather more than two years ago in the other male accident ward on the ground-floor, separated from mine merely by a passage 12 ft. broad; where the mortality became so excessive as to lead, not only to closing the ward, but to an investigation into the cause of the evil, which was presumed to be some foul drain. An excavation made with this view disclosed a state of things which seemed to explain sufficiently the unhealthiness that had so long remained a mystery. A few inches below the surface of the ground, on a level with the floors of the two lowest male accident wards, with only the basement area, 4 ft. wide, intervening, was found the uppermost tier of a multitude of coffins, which had been placed there at the time of the cholera epidemic of 1849, the corpses having undergone so little change in the interval that the clothes they had on at the time of their hurried burial were plainly distinguishable. The wonder now was, not that these wards upon the ground-floor had been unhealthy, but that they had not been absolutely pestilential. Yet at the very time when this shocking disclosure was being made, I was able to state, in an address which I delivered to the meeting of the British Medical

* Statistics collected by desire of the managers established the fact that the ground-floor wards were, on the average, most liable to pyæmia, whoever might be the surgeon in charge; and that those on the floor immediately above came next in this respect.

Association in Dublin, that during the previous nine months, in which the antiseptic system had been fairly in operation in my wards, not a single case of pyæmia, erysipelas, or hospital gangrene had occurred in them; and this, be it remembered, not only in the presence of conditions likely to be pernicious, but at a time when the unhealthiness of other parts of the same building was attracting the serious and anxious attention of the managers. Supposing it justifiable to institute an experiment on such a subject, it would be hardly possible to devise one more conclusive.

Having discovered this monstrous evil, the managers at once did all in their power to correct it. The extent of the corrupting mass was so great that it seemed out of the question to attempt its removal; but it was freely treated with carbolic acid and with quick lime, and an additional thickness of earth was laid over it; and, further, a high wall at right angles with the end of the building, and reaching up to the level of the first floor, so as necessarily to confine the bad air most prejudicially, was pulled down, and an open iron railing was substituted for it.

There can be no doubt that these measures must have proved salutary. But even if it were admitted that they cured completely the particular evil against which they were directed, it would still have to be confessed that the situation of the surgical hospital has been far from satisfactory. Besides having along one of its sides the place of sepulture above alluded to, one end of the building is conterminous with the old Cathedral churchyard, which is of large size and much used, and in which the system of "pit burial" of paupers has hitherto prevailed. I saw one of the pits some time since, having been requested to report upon it by one of the civic authorities, who is also a manager of the infirmary, and who, having accidentally discovered what was going on, at once took steps to prevent for the future the occurrence of anything so disgraceful. The pit, which was standing open for the reception of the next corpse, emitted a horrid stench on the removal of some loose boards from its mouth. Its walls were formed, on three sides, of coffins piled one upon another in four tiers, with the lateral interstices between them filled with human bones, the coffins reaching up to within a few inches of the surface of the ground. This was in a place immediately adjoining the patients' airing ground, and a few yards only from the windows of the surgical wards. And the pit which I inspected seems to have been only one of many similar receptacles, for THE LANCET of Sept. 25th contains a statement, copied from one of the Glasgow newspapers, that "the Dean of Guild is said to have computed that five thousand bodies were lying in pits, holding eighty each, in a state of decomposition, around the infirmary."* Just beyond the churchyard rises an eminence covered by an extensive necropolis, which, however, from its greater distance, must have comparatively little deleterious influence. When I add that what is called the fever hospital,† also a long four-storied building, extends at right angles to the new surgical hospital, separated from it by only eight feet, and that the entire infirmary, containing 584 beds, stands upon an area of two acres, and that the institution is almost always full to overflowing,‡ I have said enough to show that the wards at my disposal have been sufficiently trying for any system of surgical treatment. Yet, during the two years and a quarter that elapsed between the Dublin meeting and the time of my leaving Glasgow for Edinburgh, those wards continued in the main as healthy as they had been during the previous nine months. Adding these two periods together, we have three years of immunity from the ordinary evils of surgical hospitals, under circumstances which, but for the antiseptic system, were especially calculated to produce them.§

* I doubt if even my sense of the importance of the subject I am dealing with would have induced me to enter into these disagreeable details, were I not able at the same time to bear my testimony to the zealous manner in which the managers of the Infirmary and the Town Council are exerting themselves to correct the evils referred to. I understand that it is in contemplation to abolish entirely intra-mural interment in Glasgow.

† About half the wards of the fever hospital are used for surgical cases.

‡ The rapid increase of Glasgow has rendered the Infirmary, in spite of considerable additions of late years, quite inadequate to the wants of the population; but this evil will shortly be remedied by the construction of a general hospital in connexion with the new College.

§ The antiseptic system was commenced nearly five years ago, but was for the first two years employed almost exclusively in compound fractures and abscesses, which form but a small proportion of surgical cases, so that the system cannot be said to have been in operation for more than three years with reference to the subject of the present paper.

It may be well to mention in detail some facts regarding the comparative frequency, before and after the period referred to, of the three diseases to which surgical wards have hitherto been peculiarly liable—namely, pyæmia, erysipelas, and hospital gangrene.

And first of pyæmia. This fearful disease used to occur principally in two classes of cases—namely, compound fractures and the major amputations. In compound fracture, it was so rife just before the introduction of the antiseptic system that I had one of the sulphites administered internally as a prophylactic, in accordance with Polli's views, to every patient admitted with this kind of injury; though I cannot say that we observed any distinct evidence of advantage from the practice. But since I began to treat compound fractures on the antiseptic system, while no internal treatment has been used, I have not had pyæmia in a single instance, although I have had in all thirty-two cases—six in the forearm, five in the arm, eighteen in the leg, and three in the thigh. These cases do not include those in which the injury was so great as to demand immediate amputation. But it must be remarked that many of the limbs saved were so severely injured that I should formerly have removed them without hesitation. I almost forget the kind of considerations which used to determine me to amputate under the old treatment; though I know that experience taught us that it was only in comparatively mild cases that it was justifiable to attempt to save the limb. Now, however, there is scarcely any amount or kind of injury of bones, joints, or soft parts which I regard as inconsistent with conservative treatment, except such destruction of tissue as makes gangrene of the limb inevitable as an immediate consequence.

But I may take this opportunity of observing that the attempt to save a limb which, under ordinary treatment, would be subjected to immediate amputation, ought not to be made lightly, or without a thorough acquaintance with some trustworthy method of carrying out the antiseptic system; by which I mean, not the mere use of an antiseptic, however potent, *but such management of the case as shall effectually prevent the occurrence of putrefaction in the part concerned.* Without this such endeavours are far worse than useless; for by the time that local disturbance and constitutional disorder have made it apparent that the antiseptic means have failed, the patient is so much prostrated by irritation and blood-poisoning, that the operation, if performed, is probably too late; and thus a loose and trifling style of "giving the treatment a trial" swells the death-rate at once of compound fracture and of amputation.

On the other hand, the surgeon will not on this account be justified in contentedly pursuing the old practice of primary amputation; for the antiseptic means which it has been the main labour of the last five years of my life to improve are now so satisfactory* that anyone duly impressed with the importance of the subject, and devoting to it the study and practical attention which it demands, will, with little trouble to himself, securely attain the results which he desires.

I lately visited my wards in Glasgow after an absence of some weeks, and saw, amongst other cases, a compound dislocation of the ankle in a man who had fallen about four feet from the platform at a railway station, and lighted on the outer side of the right foot, which had been forced violently inwards, producing a contused and lacerated wound, about four inches long, crossing the external malleolus, and communicating with the articulation. When I saw the patient the wound had been converted into a superficial sore, cicatrising rapidly; and there had been from first to last no deep-seated suppuration, nor any local or constitutional disturbance. I asked my then house-surgeon, Mr. James Coats, with whom the most critical part of the treatment had rested, whether he could reckon pretty securely upon such results. He replied, "With certainty." I asked the question for the sake of others who were standing by, having little doubt what the answer would be, for when I left him in charge I felt sure that the antiseptic management of the cases would be as satisfactorily conducted as if I were present.

At the same time, it is only right to add, that when

* I hope to bring before the profession the improved antiseptic means above alluded to by publishing from time to time in THE LANCET cases illustrative of their employment.

he entered upon his office, though convinced of the truth of the theory of the antiseptic treatment, he by no means felt the confidence in carrying it out which he has since acquired; and if an able man like Mr. Coats, imbued with the principles which I have striven to establish, required some practical initiation into the subject before he could be regarded as trustworthy, still more must such be the case with those who, educated in the old system, and long habituated to its practice, have to unlearn cherished ideas and instinctive habits.

(To be concluded.)

FURTHER NOTES ON PULSATING TUMOURS OF THE NECK.*

BY JOHN COCKLE, A.M., M.D.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, AND PHYSICIAN TO THE ROYAL FREE HOSPITAL.

I SUBMIT the details of two additional cases of Dilatation of the Innominate Artery, which, added to those already published by me, may enable some general conclusions to be drawn respecting this affection.

The first case occurred in a patient of Mr. Parrott, of Enfield, and which I saw with him on two occasions during the month of April last. Mr. Parrott informed me that his attention was first directed to the tumour in December, 1868, when called to the case in consequence of several severe attacks of epistaxis, in one of which he was compelled to plug the nostril before the hæmorrhage could be arrested. He considered this circumstance noteworthy, as showing, perhaps, a tendency to disease of the vessels. The artery at that time was pulsating very strongly, from the sternal notch to the origin of the carotid. It was not quite clear to his mind, at this period, whether the aorta was implicated, but he considered that it was. There were no accurate means of knowing how long the tumour had existed, but, in his opinion, it probably originated about that time.

I took the following notes when I saw the case. The patient was a middle-aged widow, somewhat corpulent, and of sallow complexion. A tumour, which had been observed about four months, very large and prominent (but appearing larger than it really was from a large collection of adipose matter in front of it), completely filled the episternal hollow, passing up somewhat in front of the trachea, and from thence obliquely across the right side of the neck. The impulse was very expansive and forcible, but unattended by thrill; the collapse did not feel quite complete, but this might be explained, possibly, from the collection of adipose matter mentioned. The right carotid and right radial pulses (I speak doubtfully) seemed a trifle weaker than those of the opposite side. A double murmur was audible over the tumour, and also down the aorta, to its origin. The heart's impulse was by no means great, nor was its apex lowered. The condition of the pupils could not be noted, as the patient had lost the sight of the right eye for some years.

In a recent communication from Mr. Parrott (Nov. 25th) he states:—"The patient has lately had three attacks of hæmorrhage, always occurring in the night or early in the morning; on awaking, she has blood in her mouth. I do not think the tumour has increased in size since you saw it; she has occasionally some pain in it, but this is always relieved by the application of cold."

I ought, by the way, to mention that this patient was seen in the early stage of the affection by a London surgeon of repute, who suggested the application of instrumental pressure; but the patient either could not or would not persevere in its use.

For the next case I am indebted to the kindness of my colleague, Dr. Rickards. It is a case the more interesting as, in addition to innominate dilatation, there is circoid aneurism of the left carotid.

Mrs. G——, admitted under my care at the Royal Free Hospital in July, 1869, is a widow fifty years of age. Her complexion is slightly pallid, but otherwise natural. There is some amount of spinal curvature. She has always been of delicate constitution, and had formerly to work hard. The cause of her father's death she does not know. Her mother died of diseased liver. Her two brothers died of disease of the heart, at the respective ages of fifty and fifty-two. About seven years ago she first felt a beating in the hollow of the throat, and suffered from rheumatism (as she expresses it) of the head and neck. She still suffers much, at times, from this pain, which affects both sides; also from cough in the morning, shortness of breath occasionally, especially on ascending stairs, and from palpitation of the heart on any excitement. On inspection, the left jugular vein is seen distended, but without pulsation. The superficial veins coursing over the left side of the chest are more prominent than those on the corresponding side. The pupils are equal and of natural size. The right radial pulse was stronger than the left when first examined. The swelling of the left carotid artery (the coats of which feel much thickened) involves the upper half of the vessel. Its prominence is very marked about two inches below the ramus of the jaw, as is also the locomotion of the artery, which here advances at each diastole with a rapid and very forcible forward projection alongside the tracheal edge of the left sterno-mastoid muscle, and then as rapidly retreats during the succeeding systole. The tracing of its impulse has been taken by Dr. Hawksley with his stetho-sphygmograph, as also those of both radial pulses. The latter agree in every particular with those taken at the hospital. A pulsating swelling, about the shape and size of a date, is visible, emerging from behind the right sterno-clavicular articulation, and occupying the hollow of the neck. It extends upwards from beneath the inner head of the sterno-mastoid muscle to its outer head, taking a somewhat oblique direction. The impulse is strong, expansive, and liquid during arterial diastole; during systole the swelling perfectly subsides. The heart appears to be displaced horizontally; its apex is situate near the fourth rib, one inch above the left nipple; and there is dilated hypertrophy of the left ventricle. The cardiac impulse is synchronous with that of the tumour and of the radial pulses. No thrill anywhere exists. The right radial pulse, formerly strongest, has appeared of late occasionally to be slightly weaker than the left, but both are perfectly regular, soft, of normal frequency, and without any collapse. The sphygmograph tracing, however, tells plainly of increased arterial resistance. At or just below the right sterno-clavicular junction a double murmur exists, having here a maximum. The first arterial diastolic murmur is soft and somewhat blowing; the second arterial systolic murmur is a little shorter in duration, and of hoarser character. These murmurs, scarcely changed, are audible in the swelling and right carotid artery, but weaker down the aorta. Immediately under the uppermost part of the sternum a musical murmur of intensity is heard at times, and loudest during arterial diastole: it was of remarkable intensity when Dr. Sibson examined this case with me the other day, and we both consider it of venous origin. About one inch above the left nipple, and corresponding to the site of greatest cardiac impulse, exists a second maximum focus of double murmur. The systolic murmur here is most intense, being at intervals of nearly musical *timbre*, and traceable vertically upwards to the right clavicle, and obliquely downwards nearly to the ensiform cartilage. The second murmur is not so loud, neither is it so widely heard. They diminish somewhat as they are traced midway up the aorta, so that, apparently, a minimum point exists between the two maxima foci. At the left axillary line the murmurs lose all their intensity, and are nearly replaced by normal tic tac, except that the first sound remains faintly murmurish. No murmur is audible at the lower angle of the left scapula. On the left side of the neck a closure sound of the sigmoid valves apparently is heard.

Now, are these murmurs of aortic origin? Such murmurs are occasionally well marked at and near the apex of the heart, and, in exceptional cases, the return murmur may weaken upwards in the aorta; the pulse is perfectly regular, and the absence of collapse might be explained by some coexisting contraction. But we should be perplexed in accounting for the absence of a more defined murmur with the upward current. The sphygmographic tracing wants its characteristic crotchet. But our greatest diffi-

* Read before the Medical Society of London, Nov. 30th, 1869.

culty, indeed an insurmountable one on the hypothesis of aortic disease, of insufficiency, would consist in accounting for the closure-sound of the semilunar valves in the vessels of the left side of the neck; unless we were to hazard the very speculative conjecture that, from the displacement of the heart, the great vessels might be so compressed as to allow the sound of the pulmonic sigmoids to be conducted so far. Are the murmurs mitral—that is, obstructive and regurgitant? There is an entire absence of the general symptoms of such affection: the impulse-beat of the heart, though forcible, is steady; and the pulse is entirely free from that instability so characteristic of such disease. Can a double lesion coexist, and the conjoined signs modify each other?* It is the existence of doubts and difficulties incident to cases like this that must plead my excuse for digressing somewhat from the main subject-matter of my paper to discuss, as briefly as possible, some points connected with the pathology of cardiac murmurs and sounds. It has generally been maintained that comparatively loud murmurs, systolic or diastolic, heard at the apex of the heart, belonged almost exclusively to the affections of the mitral orifice; but I believe that the apex may be at times a common focus of aortic and mitral murmurs. Marey has experimentally demonstrated, what had long been clinically known, that a systolic murmur of intensity may be heard at the apex in constrictive disease of the aortic mouth, propagated by the back current; and I would furthermore add, from personal experience, that when insufficiency occurs in young persons where the aorta is still resilient, a strong diastolic murmur may be heard at and below the apex—indeed, I believe that often the stronger the diastolic murmur in this situation, the greater the reason to suspect aortic insufficiency. That a diastolic murmur occasionally attends constrictive disease of the mitral orifice is well known, and at times with an amount of intensity and thrill which is difficult to explain, remembering that it occurs during a period of cardiac repose, and, consequently, during the passive flow of the blood-current. It appears to be conditioned upon the amount and tension of the blood in the auricle, the tonicity of its walls, and the shape and condition of the obstructing outlet. So that murmur—*qua* murmur—at the apex cannot enable us to achieve precise diagnosis; for, as mitral diastolic murmur may be here strong or weak, so may aortic regurgitant murmur be strong or weak likewise. To effect the desired precision, we must auscult the aorta; observe the amount of collapse of the superficial arteries; seek, when practicable, the intermittent murmur of Duroziez in the femoral artery; study the tracing, and note the regular though special pulse in uncomplicated cases; and also mark the usually unimpaired state of the general health. For in aortic as in moderate mitral insufficiency, if the compensation is simply physiological, and the patient able to observe proper hygienic rules, an average state of health may be maintained for years.

(To be concluded.)

* Marey asserts that they can and do; and that the pulse of simple insufficiency is far more irregular than that of contraction. I venture to doubt the correctness of the latter assertion.

ON AN

IMPROVED ELASTIC PESSARY.

BY JOHN CLAY,

PROFESSOR OF MIDWIFERY, QUEEN'S COLLEGE, BIRMINGHAM.

WHEN an elastic pessary is introduced into the vagina and remains *in situ* for some time, the tube attached to the pessary for the purpose of inflating it often becomes so annoying to the patient that a prolonged use of the instrument cannot be tolerated.

To remove this difficulty, I have succeeded in devising an instrument which can be adapted to any form of elastic pessary for the purpose of inflating it, and for removing the air when it is desired to withdraw the pessary from the vagina. The annexed woodcut shows the instrument fitted to the ordinary globular and intra-uterine pessaries, and to the double pessary, for flexions of the uterus described in THE LANCET of Sept. 25th, 1869, p. 434.

The principal feature of the instrument is a new form of valve shown in detail (Fig. 1). Its mechanism consists of a double tube (*a*, *b*), forming a cylinder and piston. The pessary is introduced into the vagina in its flaccid form, and is then inflated by the force-pump (Fig. 4), which is connected with the valve by screwing at the part *b* (Fig. 1).

The piston-rod (*b*) is then pushed in flush, and the force-pump unscrewed. When the pessary is required to be removed, it is held firmly by two catgut strings of convenient length (*e e*), at the same time that the piston is drawn forward by the string (*d*). The air will then escape, and the pessary collapse, when it may readily be withdrawn from the vagina.

The working-out of the suggestion seemed at one time to be a mechanical impossibility; but, owing to the skill and attention of Messrs. Salt and Son, of this town, an instrument has been perfected as simple in its construction as it is efficient in its application.

I purpose on a future occasion to give fuller details of the application of these pessaries to different forms of uterine ailments.

Birmingham, Dec. 1869.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tam proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

A CASE OF EMPYEMA TREATED BY PARACENTESIS, AND SUBSEQUENTLY BY BLISTERING; CURE.

(Under the care of Dr. ANDREW CLARK.)

THE success which attended the treatment renders the following case well worthy of record. We are indebted to Mr. Grubb, the resident medical officer, for notes.

The patient was a weakly boy eight years of age, who, six months before admission, had had an attack of scarlatina, which was followed by dropsy lasting for six weeks. One week before admission the boy again suffered from dropsy. When first seen by Dr. Clark he presented the following symptoms: Anasarca; great dyspnœa; a short, dry cough, without expectoration; a flushed face; and an inability to lie on the left side. The heart was displaced to the left; no cardiac bruits. The lung-sounds on the right side were very feeble, and all the signs were present of considerable effusion into the corresponding pleura. The urine was very scanty, smoky, and contained much albumen; specific gravity 1015. The pulse was 106, and the respirations 36 in the minute; temperature about 102°. There was a slight amount of ascites.

The patient was first treated by tincture of the perchloride of iron, spirit of nitric ether, digitalis, and bitartrate of potash; and for a time was put on a daily allowance of three ounces of gin. The breathing at first was relieved by this treatment, and an increased quantity of urine was passed; but at the end of the first week after the patient's admission into the hospital there was great dyspnœa and restlessness. On the

tenth day the right side of the chest was tapped, and forty ounces of purulent fluid withdrawn from the pleura. After this operation the breathing was much quieter, and the general condition of the patient improved. About the middle of June, two weeks after the paracentesis, the old symptoms returned, with all the physical signs of fresh accumulation of fluid on the right side of the chest. On July 1st a blister three inches square was applied over the seat of dulness. Under the repetition of this local treatment, and the administration of digitalis, bicarbonate of potash, iodine, and steel, and subsequently of cod-liver oil, the patient gradually improved; the effusion disappeared, and the respiratory sounds returned on the right side of the chest. On December 2nd the boy was discharged as cured.

UNIVERSITY COLLEGE HOSPITAL.

OPERATIONS BY MR. MARSHALL.

Syphilitic Stricture of the Rectum.—On Thursday, the 23rd of December, Mr. Marshall operated on a middle-aged woman for a tight stricture of the rectum very near to the anal orifice. There was a clear history of general infection, which had taken place some years before. Mr. Marshall stated, in some remarks made before the operation, that syphilitic ulceration frequently extends backwards from the genitals to the margins of the anus, and, in some instances, passes into the rectum. Syphilitic disease within the rectum manifests itself in the form of a round ulcer at the posterior surface of the bowel. This round ulcer often spreads laterally, and occasionally to such an extent as to form a narrow annular band of ulceration around the whole of the rectum, near its lower end. The condition of parts which results from the cauterisation of an ulcer of this last kind was well exemplified in the present case. The finger, when introduced into the bowel, came first upon a thin and fibrous constriction, above which was a narrow and annular groove, and then another tight constriction, thin and fibrous like the first. Mr. Marshall made several minute incisions into the edges of the strictured portions, and then dilated the narrow portion of the rectum by the finger, the expanding blades of a large pair of dressing forceps, and, finally, by the introduction of a fair-sized rectum bougie. Very little hæmorrhage was produced through this operation. Whilst this patient was on the table, Mr. Marshall removed from her right breast a tumour of the size of a small apple. This growth was hard, freely movable, and not infiltrated in the tissues of the breast, and connected with the outer margin of the breast by means of a tough and narrow pedicle. The absence of pain and other symptoms indicated pretty clearly a glandular tumour of the breast; but, after removal, its cut surface resembled very much that of a scirrhous and malignant tumour. Mr. Marshall proposed to submit a section of the growth to microscopical examination, as this was the unfailing test of the true nature of doubtful tumours.

Operative Treatment of Varicose Veins.—On the same day Mr. Marshall operated in the following manner on varicose veins of the right leg in a young woman. A bandage was first applied round the limb just above the knee-joint, in order to produce distension of the affected veins. Under the thickest masses of varix were passed large broad needles, resembling very much those formerly used for inserting setons. The sharp extremity of each of these needles was then detached; over the vein at the seats of puncture were placed small pieces of a thick gum-elastic tube, and the inner surfaces of the vein at these points were kept in contact between the broad needle below and the elastic tube above by means of a ligature applied in the figure-of-8 form. Small branches of the distended and varicose veins were then treated by the ordinary thin pin and suture. Mr. Marshall stated that it was his practice to remove the pins at the end of forty-eight hours, or at the end of the third day at the longest, leaving the pieces of elastic tube and the ligature *in situ;* and to apply a bandage to the limb. The cases treated in this manner have generally had a very good termination, the veins becoming obstructed by adhesive inflammation, and, in most instances, without the appearance of even a few drops of pus.

MIDDLESEX HOSPITAL.

MISCELLANEOUS CASES.

(Under the care of Dr. MURCHISON.)

Tapping of the Chest in Acute Pleurisy.—The patient in this case was a boy, aged seven years, whose chest was tapped on the twelfth day of an attack of acute pleurisy of the left side. There was a large effusion of serous fluid, which had forced the heart over to the right side, where its apex could be made out between the fourth and fifth ribs. The indications for the operation were a frequent, feeble, and irregular pulse, and great dyspnœa. Dr. Murchison stated that in cases of extensive pleuritic effusion, tapping is performed for several reasons. By an early removal of the serous fluid, the formation of pus in the chest and empyema may be prevented; the lung also has a better chance of recovering itself and of expanding if the surrounding fluid be removed before the solid exudation has formed firm adhesions. The main object of the operation, however, is the restoration of the position of the heart, as there is far greater danger in cases of pleuritic effusion, especially when the left side of the chest is affected, of the patient dying from sudden syncope than from asphyxia. The boy did very well after the operation; the left lung speedily expanded, and healthy sounds could be heard over nearly the whole of the chest. There was no tendency to a reaccumulation of fluid; and on December 19th the dulness, on percussion, was limited to an extent of two inches over the base of the left lung. The progress of this case to complete recovery has, however, been retarded by the manifestation of two unfavourable symptoms—a high evening temperature, reaching to 102·6° F., and occasionally to 103° F., and frequent profuse sweating. These symptoms, according to Dr. Murchison, may be attributed to one of two causes: either the fluid left in the chest has become purulent, or there may be a deposition of tubercle in the lung. The latter view, however, seems to be negatived by the healthy character of the lung-sounds over the left as well as the right side of the chest.

On Cardiac complications of Renal Disease.—The two following cases were recently under treatment at this hospital. A boy, eight years of age, after a very slight attack of scarlet fever, was admitted with general dropsy and albuminuria; and a middle-aged woman with long-standing fatty degeneration of the kidneys, and a recent attack of acute nephritis. In both these patients manifest symptoms of aortic valvular disease were presented. Dr. Murchison directed especial attention to the cardiac affection in these cases, for the purpose of showing that in valvular disease following morbid changes in the kidneys, the first lesion in all cases, and very frequently the only one, affects the aortic semilunar valves; whilst with acute rheumatism, on the other hand, the mitral valve is always the first to become implicated.

ST. THOMAS'S HOSPITAL.

CASES OF FRACTURE.

(Under the care of Messrs. SOLLY, LE GROS CLARK, and SIMON.)

DURING the past few months some interesting cases of fracture and dislocation have been treated in this hospital. Some presented unusual symptoms; in others some departure from the ordinary mode of treatment was rendered necessary. Mr. Churchill, the surgical registrar, has been good enough to give us a report of them, the first portion of which we publish herewith, reserving the remainder for future occasions. The order adopted is that followed in the standard nomenclature.

CASE 1. *Compound depressed fracture of skull, without head symptoms.* — J. M——, aged eight, was struck on the right

temple, close to the anterior inferior angle of the right parietal bone, by a sharp piece of granite, which had been thrown at him by one of his playmates. He was admitted (under the care of Mr. Le Gros Clark), half an hour after, with a radiating depressed fracture about the size of a florin, with a central aperture which permitted the passage of a probe. The dura mater, although pressed upon, did not appear to be injured. There was a marked absence of feverishness or head symptoms from the first. He slept well. The pupils were equally active. There was some retention of urine during the first twenty-four hours, and the pulse was intermittent for a few days. He remained in the hospital for five weeks, when he was discharged cured, not having exhibited the slightest indication of mental incapacity.

It has frequently been observed that children may be the subjects of very serious injuries and diseases without presenting the usual symptoms referable to the same.

CASE 2. *Fracture of mastoid process of temporal bone.*—S. S——, a cripple, aged twenty-eight, was ascending a flight of area steps, when he fell backwards down eleven steps, striking the left side of the head against the sharp edge of one of the steps. He was unconscious when admitted (under the care of Mr. Le Gros Clark), and the pupils were sluggish and dilated. Had free hæmorrhage from left ear, and brought up blood by mouth. Recovered consciousness about eight hours after the receipt of the injury. Complained of considerable tenderness over the mastoid process of the temporal bone, the lower part of which was freely movable, and a distinct fissure could be felt through the centre of it. He had no difficulty in passing his urine. Did not complain of frontal headache, or throbbing of temples, and was not delirious after the first eight hours. He had ptosis of the right eyelid, and loss of expression about the right side of the face. He protruded his tongue to the right side. It is probable that the fracture had extended partly across the base. He remained in hospital eighteen days, when he was dismissed cured.

CASE 3. *Comminuted fracture of right clavicle.*—G. H——, aged thirty-eight, was thrown out of a cart on to the kerb. Admitted (under the care of Mr. Solly) half an hour after, with comminuted fracture of right clavicle, a portion about an inch long being felt freely movable, and out of position. Union was obtained by the figure-of-**8** bandage, with pad in axilla, and he was dismissed, cured, ten days after receipt of injury.

CASE 4. *Fracture of scapula through the spinous process.*—T. H——, aged fifty-one, was working on a scaffold, when he fell backwards on to a wall. Admitted (under the care of Mr. Simon) with a vertical fracture of left scapula, through the spine, but not extending through the blade. A broad flannel roller was applied round the chest and arm, and he was dismissed, cured, after remaining in hospital twenty-two days.

CASE 5. *Transverse fracture of scapula below spine, and fracture of ribs.*—W. H——, aged eighty-two, a feeble old man, nearly blind, was admitted, under the care of Mr. Simon, with fracture of two or three upper ribs, external to their angles, and transverse fracture of scapula below the spine. He was about to cross the road, when a cab came up and knocked him down, and he fell on his left shoulder. He had great dyspnœa, with mucous crepitation, sibilant rhonchus, and wheezing over both lungs anteriorly and posteriorly, which was probably dependent to a great extent upon old bronchial mischief. He had no hæmoptysis, and no pleural effusion was detected. The arm and chest were fixed by means of a broad flannel bandage, stimulants and an expectorant mixture were administered internally, and some morphia draughts at night. He was dismissed, cured, after remaining in hospital thirty-two days.

CASE 6. *Fracture of right radius and of left ulna.*—A. J——, a widow, aged seventy, fell forwards down a flight of stairs. When admitted (under the care of Mr. Clark) she was found to have fractured both forearms,—a Colles's fracture of right radius and fracture of left ulna at junction of middle and lower thirds. A single splint was applied to the flexor surface of each forearm, and she was dismissed, cured, and able to use both arms freely.

Provincial Hospital Reports.

WEST NORFOLK AND LYNN HOSPITAL.

CASE OF COMPOUND DISLOCATION OF THE HEAD OF THE METATARSAL BONE OF THE GREAT TOE.

(Under the care of Mr. T. M. KENDALL.)

THIS patient was a man aged thirty-two, who jumped out of a first-floor window, his feet being bare, and lighted on a door scraper, thereby sustaining a contused, deep, and gaping wound to the extent of 4 in. obliquely across the sole of the left foot, and compound dislocation of the first metatarsal bone, which protruded through the wound to the extent of 1½ in. As it could not be returned, the patient was put under the influence of chloroform, and the head of the bone removed with the forceps. The wound was then washed with carbolic-acid lotion, and drawn together by four loose sutures and strips of plaster; and the leg was placed on a Macintyre splint. Three days after the accident the stitches were removed; and it was evident that there would be a large amount of slough. This gradually came away without a bad symptom; and the man was discharged two months from the time of his admission, the wound having quite healed. The great toe is ¾ in. shorter than before the accident. The man can walk without pain.

ROYAL INFIRMARY, ABERDEEN.

CASES OF EXCISION OF MAMMARY TUMOURS; EMPLOYMENT OF ACUPRESSURE.

(Under the care of Dr. PIRRIE.)

FOR the following notes, in illustration of the use of acupressure for the arrest of hæmorrhage in surgical operations, we are indebted to Mr. C. J. Davis, clerk and dresser to Dr. Pirrie.

CASE 1.—E. S——, a fairly nourished married woman, aged sixty-one, of pale complexion, was admitted with a tumour (scirrhus) in her right breast. Excision was determined upon.

Nov. 3rd.—Dr. Pirrie removed the tumour, with so much of the integument as was adherent, by two transverse incisions about 8 inches in length. The bleeding vessels were secured by three pins, and a single fold of lint, dipped in water, was placed over the wound. No stitches were introduced. Two strips of adhesive plaster were laid across the wound. At 8 P.M. Dr. Pirrie removed the pins; and, carefully observing that no blood (which he regards as foreign matter) was in the wound, he brought the edges permanently together by adhesive plaster. Wet lint was left on for the night.

4th.—Very slight oozing of a watery fluid. No redness. Red lotion (Liston's) was now applied on a strip of lint, about ¾ in. wide, for keeping the edges moist.

5th.—No constitutional disturbance whatever. About 1½ in. of the wound, towards the sternum, has healed by first intention; as also about 1 in. towards the axilla.

6th.—The patient is sitting up. About 4 in. of the wound has now healed. A drop of pus was seen towards the axilla, where perfect coaptation of the edges of the wound could not be obtained.

20th.—Discharged. Wound perfectly healed.

CASE 2.—C. E——, aged forty. A scirrhous tumour in the right breast was excised on the 30th of April. The bleeding vessels were secured by four pins, which were removed eight hours after the operation, and the wound dressed as in the last case. The patient left the hospital on the 12th of May, with the wound entirely healed.

CASE 3.—Dr. Pirrie exhibited to his class, a few days ago, Mrs. C. F——, aged twenty-six; her child, fifteen months old; and a tumour—now in the professor's possession, once in the woman's—weighing 13¼ lb. (avoirdupois).

The following is a succinct history of the case obtained by Mr. Davis from the patient herself, from several gentlemen who watched it at the time with interest, and from the records in his predecessor's notes:—

The patient had been the subject of a chronic mammary

tumour in her left breast for four years. It grew very rapidly during the woman's pregnancies, and was, from its enormous size and weight, a source of great inconvenience to her. She had had two children, neither of which she could suckle, and she attributed the death of both to the fact of her "having to bring them up by the spoon." At the time she applied to Dr. Pirrie she was in her eighth month of pregnancy.

Sir J. Y. Simpson, being consulted as to the justifiableness of an operation under the circumstances, advised it. Dr. Pirrie, confident of securing immediate reunion by acupressure, and thus of averting constitutional mischief, removed the monstrous growth on the 12th of August, 1868. Before the operation, the mamma was lifted up, and so pressed as to cause as little blood as possible to be removed with it. The vessels were almost as large as the posterior tibials. Seven of them were secured by four pins. The pins were removed nineteen hours after the operation. The patient left the hospital on Sept. 3rd—viz., fifteen days after the excision of the tumour, with the wound perfectly healed. During the process there was never one drop of pus.

On the ninth day after leaving the infirmary—viz., on the twenty-fourth day after the operation—she was delivered of a healthy female child.

It is only fair to add that the site of the hospital is a very healthy one; the wards are never crowded; very little dressings are used; in the cases reported no stitches were introduced; there is daily, and often nightly, supervision by Dr. Pirrie; and a most painstaking and enthusiastic nurse attended these cases.

It is said that, before the adoption of acupressure, such results were never obtained when ligatures were applied. Dr. Pirrie said, however, that he has had as good results in two cases where no vessels needed to be secured.

Reviews and Notices of Books.

Failure of Sight from Railway and other Injuries of the Spine and Head, &c. By T. WHARTON JONES, F.R.S., F.R.C.S., &c. pp. xiv., 309. London: Walton.

MR. WHARTON JONES is known both as a physiologist and as an ophthalmic surgeon. In physiology, indeed, he has won an honourable place; and we had a right therefore, in the present volume, to expect really good work from him, whatever value we might put upon his conclusions. We are sorry, however, to have not only to differ widely from Mr. Jones's conclusions, but also to express our disappointment with the materials he has thought fit to publish, and with the method of his reasoning upon them.

We were not prepossessed in favour of this book by the studied prominence of the word "Railway" in its title. Medical readers are well aware that railway injuries to the spine present no differences in kind from other injuries, and that they are not even the commonest sort of spinal injuries. The title of Mr. Jones's volume is therefore intended for other than medical readers; and we regret that many eminent medical men besides Mr. Wharton Jones fail to see that appeals to readers outside the profession must end in the triumph of the most talkative and the least thoughtful of our brethren. We should not be justified, perhaps, in speaking thus of our first impressions of this book, were it not that those impressions received no check in our further acquaintance with it. It was due to Mr. Jones to expect from him a solid contribution to knowledge, instead of which we find a great deal of physiology—not ill done, but to some extent elementary or irrelevant, and having for the most part, or for a great part, the slenderest connexion with the matter in hand; while that which we want—namely, a careful series of observations of the states of the eye in spinal diseases, with cautious inferences therefrom—is almost absent. A few cases are indeed recorded, but even these few are incomplete and unsatisfactory. We suspect that two of them, at least, are not cases of secondary nerve-trouble at all, and the cases are reported in a way which fails to command our confidence. We are really very sorry to speak thus of Mr. Jones's volume, but we had looked to him for work more worthy of his high position.

Mr. Jones strongly advocates the belief that the sympathetic nerve system is wholly or largely concerned in bringing about those disorders of the eye which accompany injuries or diseases of the spine. We think that his own long study of the phenomena of the circulation, and of its dependence upon nervous influence, has given him a bias in favour of the sympathetic nerve hypothesis which is not warranted by facts. Whether the interference of the sympathetic be the cause of the eye disorders or not, it is certain that what facts we have are at present against such a supposition. Cases are not infrequently recorded in which paralysis of the cervical sympathetic has been complete and under continued observation, but in which no neuro-retinal disturbance has been seen. On the other hand, again, we have two kinds of neuro-retinal disturbance, accompanying spinal mischief—the one atrophic and the other congestive—both of which occur without concomitant evidences of palsy of the sympathetic. Again, were the disturbances of the nutrition of the optic nerve, so often seen to follow spinal disease, to be due to intervention of the sympathetic nerve system, we should have to dread distal disorders of far greater gravity than these. Congestion and atrophy would surely occur in encephalic masses, whose disorders would disturb other relations besides those of vision. We have no space here to give our own view of the facts as we have them at present, but shall content ourselves with saying that we know as yet too little of the sympathetic system, its disorders, and their consequences in nutrition, to enable us to call in its agency with the freedom which is used by many able writers on modern medicine. Another example of this freedom is seen in the too confident attribution of epilepsy to vascular spasm, following irritation of the sympathetic. Surely there is no ground, even here, for more than a working hypothesis.

St. Bartholomew's Hospital Reports. Vol. V. London: 1869.

THE fifth volume of the above Reports has been recently issued, containing twenty-one articles, and an index to the four preceding volumes. The first contribution is a short memoir of the late Dr. Edwards. "The Anatomy of Brain Shocks" forms the subject of the next article, which is contributed by Mr. Callender, and is a continuation of a paper on the same subject, which appeared in the last year's Reports. Ninety-nine cases altogether are recorded, some of which are of great interest from their bearing on the phenomenon "aphasia," and the lesions supposed to be associated with it, Mr. Callender finding that they bear out the statement—"that, with loss of speech, (*a*) the anterior cerebral lobes, or the parts about the corpus striatum, or the motor track (*sic*), are diseased or injured; (*b*) that such disease or injury involves the left side; (*c*) that whilst the parts about the corpus striatum are found to be diseased, it is not evident that the disease or injury is limited in these cases to the third frontal convolution (so called)."

Next follows an article, illustrated by eight cases, by Mr. Savory, "On the Effect of Injuries to the Spinal Cord." Mr. Paget is the author of the third article, "On Residual Abscesses," under which term are included "all abscesses formed in or about the residue of former inflammations." These are "due to the disturbed or interrupted nutrition, not only of the tissues deteriorated in previous inflammations, but of the new materials that were formed among them." The article is accompanied by a plate, showing two

psoas muscles, each occupied by a cavity, the remains of an undischarged abscess." Mr. George Lowe contributes "Two Cases of Complete Dislocation of the Knee forward, with Rupture of the Popliteal Vessels, requiring Amputation." "Contributions to the Pathology of Chorea" is the subject of a valuable paper by Dr. Tuckwell, of Oxford. The author dissents from the theory of Dr. Ogle, which is endorsed by Dr. Barnes, that an altered character of the blood is the exciting cause of chorea, seeing that the spleen, "most sensitive of all organs to blood-change," is unaffected, and that the spasms are so frequently unilateral, and often attended with hemiplegia. He regards the disease as clearly allied to rheumatism, and inclines to the hypothesis, first put forward by the late Dr. Kirkes, that embolism, following upon deposition of vegetations on the valves of the heart, is the cause of the symptoms. The disease, "fortunately for us, tends, in the majority of cases, to get well of itself," though many and unavailing are its so-called "cures." A fairly-executed plate accompanies the article. Two papers by Mr. Coleman, dental surgeon to the hospital, deal with anæsthetics, the first being a description of a modification of Snow's chloroform apparatus, while "Protoxide of Nitrogen" is the subject of the second. Dr. Gee contributes the records of two cases, one of cirrhosis of the liver, the other of acute pemphigus. The notes of the latter case are illustrated by a table of temperatures. Mr. Williams places on record a case of syphilitic laryngitis, in which tracheotomy, as might be reasonably expected, was successful. Mr. Holmes Coote contributes an interesting article "On Rachitis," and suggests that, as this disease prevails mostly among the poor, "a large infirmary for rickety children, situated in a proper locality, would be deserving of support." Ten cases of lithotomy, from the private practice of Dr. Owen Richards, of the Bala Lake district, are the subject of the next article. Mr. Thomas Smith records a case of "Nævoid Elephantiasis." Three plates, drawn, we suppose, to the scale of the natural size of the patient, a child of nine months, illustrate the article. Dr. Church continues his valuable "Contributions to Cerebral Pathology," which were begun in the preceding volume of the Reports. Twenty-six cases are added to the thirty-four there recorded. A rough woodcut accompanies the paper.

Emetics are the subjects of the next two papers. Dr. Gee again appears as a contributor to the Reports, being the author of the first article, the subject of which is Apomorphia and Chloroiodide. We are informed that a quarter of a grain of the latter drug causes "an uncommon sense of tonicity in the abdomen," and that the former is freely used by the "Apicii" (an aldermanic race of whom no mention is made in the works on ethnology or prehistoric archæology, or even in Murchison's "Siluria") for the relief of their stomachs. A short abstract by Dr. Matthiessen of his papers in the "Proceedings of the Royal Society," would have been a valuable addition to the above article.

Dr. Dyce Duckworth records "Observations upon the Action of Ipecacuanha and its Alkaloid, Emetia." The quotation from Pliny which heads the narration of his experiments on guinea-pigs and rabbits would lose neither significance nor accuracy by the precedence before "experimenta," of the word "medici." May we suggest as a shorter and not less appropriate motto—"Sic vos non vobis"?

Mr. Vernon, demonstrator of diseases of the eye at the hospital, contributes an article on "Intraocular Growths in Children," based, we presume, on his experiences at Moorfields. In the absence of records from the wards of the hospital, Mr. Paget follows with four pages on "What becomes of Medical Students?" Mr. G. W. Callender next contributes some comparative statistics of the "Death-rate after Amputation in country private practice, in hospital practice, and in country patients in a town hospital." The Reports also contain some statistics of the Midwifery Department of the Hospital, most carefully drawn up by Mr. Godson. Sir James Simpson will, we think, be pleased with these statistics, which show a death-rate so low as to bear out many of the arguments in favour of women in labour being attended at their own homes, in preference to maternal wards and institutions. Mr. Godson's contribution appears, in fact, to be a very valuable addition to obstetric statistics.

These Reports, which have not as yet equalled those of Guy's Hospital either in quantity or quality, consist of but 263 pages of matter, properly so called; the substance of twenty-one articles, three of which, taking up 38 pages, have been contributed by country members of the hospital, while but 225 pages of room are occupied by the remaining eighteen articles, written by nine gentlemen concerned in the working of this hospital. Without detracting from the merits of the articles which we have briefly noticed, we fail to see what evidence they contain of sound clinical teaching in an hospital which advertises such opportunities as 650 beds, occupied in the course of a single year by all but 6000 patients.

The Journal of Anatomy and Physiology. Conducted by G. M. HUMPHRY and WM. TURNER. Second series. No. V. (Macmillan.) 1869.

THE present part of the *Journal of Anatomy and Physiology* commences with a paper by Dr. Blake, of San Francisco, on the action of the compounds of chlorine, bromine, and iodine, when introduced directly into the blood, in which he shows that these compounds produce exactly analogous effects, and that the more striking phenomena are the contraction of the bloodvessels, both systemic and pulmonary, together with an arrest of the respiratory movements for several minutes; then again commencing after unoxygenated blood had been circulating for this time through the nervous centres. The heart continued to be irritable for nine minutes, and the pressure of the blood in the arteries rose for some time after apparent death. Dr. Blake refers the greater number of these facts to the influence of the agents employed on the capillary circulation. Mr. Goodman makes some observations on the paces of the horse, maintaining that there is no essential difference between the canter, gallop, and racing pace. Mr. Lawson Tait contributes a note on some tumours found on the Gasterosteus. To this succeeds a short but instructive paper, by Dr. Broadbent, on the so-called selective absorption by the lacteals and lymphatics, which he endeavours to show is not selective and special, but general and residual, the office of the lacteals being to provide a ready mode of access of the fatty contents of the intestine into the blood. Then follows a long and carefully drawn up paper on the Myology of the Limbs of the Unau, the Ai, the two-toed Anteater, and the Pangolin, illustrated with four plates, by Professor Humphry. Mr. Gulliver describes the auditory sacs of Ancyclus, Linnæus, and Cyclas, and gives drawings to scale. He recommends the animals to be drowned by submergence for a day, to fit them for dissection, and to prevent the exudation of mucus. Dr. Hensley points out the purpose of the spiral arrangement of the fibres of the ventricle of the heart. Dr. Brunton gives the result of his inquiries into the chemical composition of the nuclei of the blood-corpuscles. Dr. T. A. Carter republishes a paper, read before the Royal Society in 1864, on the distal communication of the bloodvessels with the lymphatics. Mr. Lankester gives an abstract of a report of the spectroscopic examination of certain animal substances. Prof. Turner

calls attention to various cases of supernumerary ribs; and Dr. Ransome makes some observations on the movements of the chest. It will be seen from this recapitulation, that although this part is not perhaps quite equal to some of its predecessors, it contains some important papers, and we trust that the only journal of physiology this country possesses may continue to obtain the hearty support of the profession at large.

Foreign Gleanings.

FOREIGN BODY IN THE UTERUS: UNIQUE CASE.

M. FOLTZ has brought before the Société de Médecine de Lyon the case of a woman, the mother of several children, who stated that, wishing to get rid of the products of a two months' conception, she had introduced a female catheter into the uterus. Abortion followed, but the instrument remained. In vain did she look for it in the clots, and she applied to M. Foltz to have it removed. It turned out, subsequently, that the catheter had been introduced by a midwife, whose name the patient kept secret. In spite of the most minute search, the author could not feel the foreign body, and he heard nothing of the woman for the next four months, when she returned, and said that she felt a tumour in the umbilical region. On examination, the prominence was found hard, rounded, of small volume, and disappearing under pressure, as could an umbilical hernia. It could easily be surmised that the projection was formed by the extremity of the catheter. With M. Pétrequin, who was called in consultation, it was decided to dilate the cervix with the sponge tent, and that, the patient being in the erect posture, search should be made for the foreign body through the genital organs (the tumour could not be felt when she lay down); and, failing in these endeavours, that the catheter should be extracted through the abdominal walls. The operation was undertaken as soon as the dilatation had been sufficient; but the finger introduced into the uterine cavity could not detect the foreign body. By a further dilatation it was found that the upper part of the catheter could only be felt at the umbilicus when the patient was standing, and after she had moved about for some time; and that the handle of the instrument was fixed in the anterior wall of the uterus, or rather between the latter and the bladder in the utero-vesical septum, on a level with the os internum of the cervix, the anterior lip of which was considerably thickened. One finger placed in the vesico-uterine cul-de-sac, and another at the umbilicus, detected both ends of the catheter. M. Pétrequin, whilst the patient was standing, and supported by two assistants, slit up the cervix, and although the section of the neck was considerable, the operators were much astonished at failing to make out the foreign body. Two hours were consumed in the search, but to no purpose, and the rest of the operation was put off to the next day. The abdominal walls were then incised, whilst the catheter was pressed upwards from below, and at length extracted, after great difficulty. The patient made a good recovery. The case is fully described in the *Lyon Médical* of December 19th, 1869.

M. Foltz remarks that the foreign body had obliquely perforated the anterior wall of the uterine neck, had then glided between the uterus and the bladder, pierced the peritoneal vesico-uterine cul-de-sac, and had risen between the intestinal convolutions up to the umbilicus. After the abortion, and the contraction of the uterus, the catheter had travelled, its handle had passed through the uterine wall, and had finally rested in the vesico-uterine septum. When the patient lay down, the handle or inferior extremity of the instrument became concealed behind the bladder, and the upper extremity was surrounded by the small intestines. When standing, however, and when the patient had for some time walked about, the uterus fell, and the catheter assumed the direction of the axis of the upper outlet of the pelvis, one extremity being felt at the umbilicus, and the other pressing against the uterus. Hence the difficulties of diagnosis and operation. M. Pétrequin considers this case unique, after having taken great pains to search through many medical periodicals.

Some members expressed doubts as to the likelihood of the perforation of the anterior wall of the cervix. Some thought the catheter had slipped into the bladder, and some that the foreign body had perforated, not the uterus, but the vesico-uterine cul-de-sac. The case, at all events, is suggestive, not only in a medical, but also in a moral point of view.

CHOREA.

M. Perroud, Physician of the Hôtel Dieu of Lyons, has just applied, with much success, the ether spray to the spine of a girl of fifteen, suffering from chorea. Eleven sittings, at each of which between two and three ounces were used with Richardson's apparatus, were followed by complete cure. A second just as successful case occurred under the care of Dr. Meynet, also at Lyons, the patient being a lad of eighteen.

CANCER SURGERY.

Prof. Von Nussbaum, of Munich, has published a case of cancer of the rectum in which he performed a bold operation. The neck of the bladder and the prostate gland had been invaded by the disease, and the professor, encouraged by four cases of a similar kind which he had treated, removed a portion of the rectum, the prostate, and the neck of the bladder. The details of the operation are given in the *Aertzl. Intell. Blatt.*, No. 44, 1869, and prove that M. Nussbaum is ready for any emergency. But relapses occurred in all the cases within a few months, and it becomes a question whether surgeons are justified in undertaking these operations. It should be mentioned, however, that in the present case the man lived more than a year (the exact time is not mentioned), and had tolerable control over his evacuations. At last the disease recurred, and the patient died without experiencing any pain or distress.

AN ATTACK OF CATALEPSY OF FIFTY-FOUR DAYS.

The *Allg. Med. Zeit.* of Berlin (No. 101, 1869) quotes from the *Presse Méd. Belge*, the case of a girl aged twenty, who had suffered in various ways at the catamenial periods. In December, 1868, she threw herself into a river on being taken into custody for some crime. Upon this she was seized with convulsions, and could neither speak nor swallow; a cataleptic state soon followed, and lasted eight weeks. The eyes remained sometimes opened for two or three hours without the lids once moving, and the temperature sank so low that at one time she was thought to be dead. She was eventually roused and did well. The urine flowed involuntarily; but we are not told any thing about other evacuations, or about food or sleep. These cases are always unsatisfactory as (especially in this case) doubts may be entertained respecting the genuineness of the affection.

PERINEAL LITHOTRITY.

M. Dolbeau stated, at a meeting of the Surgical Society of Paris, (Dec. 8, 1869), that since 1863 he has performed this operation on twenty-one occasions; it is not said whether they were all successful. The twenty-second operation was performed on a patient 68 years of age, who did very well for a few days; but made an attempt at hanging himself while of unsound mind. He was cut down in time, but died a fortnight afterwards. M. Dolbeau showed the members the pathological preparation, which proved that the neck of the bladder, the bulb, and the rectum were untouched.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

NEW BATH LAMP FOR MERCURY AND STEAM.

THIS is a cheap and portable form of lamp-bath, by Matthews Brothers, of Portugal-street, W.C., which strikes us as decidedly superior to that now in general use. The apparatus is contained in a small collar-box, very convenient for travelling. The mercurial vapour bath is a very well known and popular method of obtaining the curative

effects of the mineral. This little invention possesses all the advantages of the older form of lamp. It is of course used in the same way, the patient sitting on a cane-bottomed chair, with a blanket or cloak around him.

IMPROVED VALENTIN'S KNIFE.

THE accurate adjustment of an ordinary Valentin's knife is often difficult, for it is effected by two screws, each modifying the action of the other; and the only guide to the proximity and parallelism of the blades is the eye of the manipulator.

In the new knife the second screw is dispensed with altogether. The blades are quite separate, and one broad-headed screw, passing through both, holds them together. They are kept in position by two springs between them, one above and one below the screw; and by two strong pins attached to one blade and passing through the other. The strength of the springs is carefully adjusted so as to secure the parallelism of the blades at all cutting distances. By this mechanism the knife is rendered very firm and steady. To facilitate the adjustment of the blades the head of the screw is graduated, and on one side of it projects a small indicator. By turning the screw till any given degree corresponds to the indicator, the blades can be at once placed at any given proximity, or replaced at a greater or less distance apart than they were before. One blade can be entirely removed, leaving the other, which is fixed in a convenient wooden handle, to be used as an ordinary knife, if desired.

The knife is made by Mr. Hawksley, surgical instrument maker, Blenheim-street, New Bond-street.

A SPLINT FOR CASES OF EXCISION OF THE KNEE-JOINT.

To the Editor of THE LANCET.

SIR,—The accompanying engravings represent a simple form of splint which I have found useful in two cases of excision of the knee-joint. It is light, strong, cheap, and

easy of application. It is formed of galvanized iron and tin, strengthened where needed by iron rods. It opens on a hinge, and when brought together it is easy to get any degree of compression of the thigh and leg, by simply tightening tapes. A well-fitting pad secures against any injurious pressure or discomfort. I think a wider posterior bar than is here depicted would be an improvement. The cost of the apparatus, as made by an ordinary tinman, is 4*s.* 6*d.*

I am, Sir, your obedient servant,

Huddersfield, Dec. 15th, 1869. SAM. KNAGGS.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

AT a meeting of the Council of the above Association a letter was received from six of the district medical officers of Bethnal-green, calling attention to the arrangements which have been proposed with the view of introducing the dispensary system. The parish contains a population of about 120,000, and the number of medical orders is about 10,000. There are at present seven district medical officers, several of whom have complained for some time past of being physically unable to do the work imposed upon them. It so happens that of the seven medical officers only three are permanently appointed. Taking some advantage of this irregularity, the guardians have proposed to divide the parish into three dispensary districts, and to appoint only one medical officer to each. It would appear that two offers have been made. The first proposed a salary of £200 per annum, with residence at the dispensary, coals, gas, and £20 a year for a servant. All drugs and dispensing were to be paid for by the guardians, and the medical officer was to give up all private practice. This offer was at first declined by all the officers, but one of them has since consented to give up his private practice and to accept £250 a year.

An alternative proposal was also made. The medical officers were to be allowed to reside in their own houses and to practise on their own account. They were to attend the dispensary every morning to see patients, the drugs and dispensing being paid for by the guardians, and the increased work was to be met by increased pay. The salaries in Bethnal-green include all extras. These proposals have been declined by the other medical officers, and they were also condemned by the Council of the Poor-law Medical Officers' Association as being impolitic, unjust to the medical officers, and injurious to the ratepayers and the sick poor. A committee was appointed to watch the case, and it was resolved:—"That before making such a sweeping change, it ought to be considered—1. That the existing medical officers have been overworked and underpaid for many years, and have held to their appointments in the hope of better times, and that at least some of them will now be called upon to relinquish them altogether, or will be debarred from private practice. Under such circumstances they have an equitable, if not a legal, claim to compensation. 2. That the present staff is not more than sufficient for the discharge of their ordinary duties in such a large and pauperised district, even with the additional assistance which dispensaries provide, and that a smaller staff could not perform their duties to the sick poor, and would inevitably break down should any epidemic or unusual amount of sickness prevail. 3. That the salaries proposed are inadequate, and the arrangements not such as to command the permanent services of able and experienced medical men; consequently, the appointments would be sought after either by young and inexperienced men, who would retain them as long only as it suited their convenience to do so, or by others who have failed to secure the confidence of the general public."

The committee hope that Mr. Goschen will see fit to veto the proposals of the guardians, especially as the Poor-law Board refused, three years ago, to sanction a much less important concentration.

HARVEIAN SOCIETY OF LONDON.—The next meeting of this Society will be held on Thursday, Jan. 6th, at 8 P.M. This being the anniversary meeting, an address will be read by the President, after which the election of officers and a *conversazione* will take place.

THE LANCET.

LONDON: SATURDAY, JANUARY 1, 1870.

AT the beginning of a new year, which we hope will be a happy one to our readers, we are tempted to speculate and prophesy on the future prospects of Medicine. In doing so, we have regard at present rather to its public relations than to its scientific character. We have the conviction that Medicine is calculated to become more and more appreciated by States than it has been. It sometimes appears to us that the State, as it tends to sever itself from theology—as it clearly does,—tends to connect itself more and more with Medicine. And we see no early limits to the development of this tendency. The extension of definite knowledge as to the laws which regulate the diffusion of epidemics, and the clear indications that, while the prevention or the limitation of them is practicable, the cure of epidemic disease is only in a very qualified sense within the power of Medicine, all lead us to think that the State will find its interest in treating Medicine with more consideration than heretofore. When it is considered that the same conditions which give intensity to epidemics tend to generate the cachexiæ and lower the physical strength of nations, it will be seen what an inducement the State has to take Medicine into alliance. Indeed, we are not without some fear that Medicine will become too much of a mere department of the State, and that we shall have a race of physicians who know nothing about disease but how to prevent it.

It is evident that we are on the verge of some changes in the organisation of the profession, and in the nature of those bodies whose function it is to hold the keys of it. Sir JOHN GRAY, it is said, has already given notice of a Bill which, if carried, will supersede in a great degree existing corporations. Recognising that the admission of men to the profession is a matter of great importance, this Bill will provide for the institution of a new examination, the passing of which shall be the one passport to the general practice of medicine. Such a board will supersede in a great measure existing corporations, which have certainly never done much to gain the affections of the profession. Sir JOHN, we believe, in his kindness, would give these corporations a sort of fresh lease, by devolving upon them, in a Council like the present, but larger, the election of the examiners of the new Board that is to be. And it is conceivable that the influence of the corporations in Parliament may still be such as to secure this. But it is very doubtful if such a course would be wise. The licensing bodies that are may have done their duty in the time when they were instituted; but it is clear that the existence of nineteen of them is not only ridiculous, but injurious to the profession and the public. It would be equally absurd to give these nineteen bodies a share in the election of the new Board. And there would be great difficulties and much invidiousness in selecting a certain number out of these nineteen to elect the Board. We cannot see the propriety, therefore, of Sir JOHN GRAY with one hand continuing the influence of boards which with the other he is superseding. He had better reconsider this portion of his scheme. It is quite possible that the principal Colleges of the different parts of the kingdom may find new functions in the future. But as mere licensing bodies nobody now approves them, and they should not have a power by proxy continued which is taken from them in its direct form. We want Colleges that will devote themselves to the culture of the higher branches of medicine, and that will elevate the spirit of their members by constant mutual intercourse. This is the true function of Colleges—not that of ascertaining the minimum amount of knowledge with which candidates can pass into a profession.

If the present arrangements of the licensing boards are to be disturbed, it should be upon some principle; and the one principle that will best guide reformers is the one-faculty principle—the institution of a diploma that shall be complete, an assurance of fitness for all the duties of general practice.

AFTER a great many fluctuations, professional opinion upon the question of alcoholic stimulation in disease appears to have recently achieved some real progress towards the establishment of satisfactory principles. There are still very wide divergences between different authorities, and we fear that there is still a good deal of extreme and irrational practice, both in the direction of excessive stimulation, and of the opposite fault of an unreasonable fear of the remedy. But it seems to us that the outlines of a greatly improved knowledge, both of the therapeutic powers and the capacity for mischief which alcohol possesses, may now be discerned.

In the first place, as regards *acute* diseases attended with febrile phenomena, three things are tolerably plain. The first is, that alcohol, when it acts well, acts as an antiphlogistic stimulant; that is to say, it lowers abnormally high temperature, it reduces the frequency of the pulse, and, while raising nervous power, it calms those disturbances of the nervous system which attend, if they are not caused by, the elevated temperature of the blood in pyrexia. The second great fact is, that there are the utmost differences between different pyrexial patients as to their capacity for receiving benefit in this way; that a large number of persons, especially among the young and the previously robust, do best without any alcohol; and that, among those to whom it is beneficial, there are some for whom three ounces of wine per diem is fully the physiological and therapeutical equivalent of twenty-four ounces given to another and smaller class of patients; and that nothing but careful tentative use of the remedy can tell, in any particular case, whether it is needed, and, if so, in what quantities. In short, that all generalisations to the effect that you must, or must not, give wine by ounces, or by bottles, in fevers or in inflammations generally, are worthless and misleading. The third settled fact is this, that it is often in those cases where alcohol used (on purely theoretical grounds) to be thought most dangerous

—viz., in cases with very high temperature and flushed face—that it produces its best effects; and that to pour large quantities of stimulants into a fever patient simply because he is pale, and has a small pulse, is an unwarrantable proceeding. The above are *certainties*, and the following are *probabilities*. It is probable that alcohol owes part of its influence in fevers to an antiseptic agency, by which it destroys the activity of certain bodies—call them organisms, or not, as you please,—by means of which the *contagium* sets up the febrile disturbance within the blood. In the case of inflammation, it is probable that alcohol, when it acts well, does so in part because it stimulates the sympathetic and contracts the arterioles, and in part interferes with the migration of blood-corpuscles through the vascular walls, as BINZ and his pupils have shown that quinine can also do. It is probable that so far as alcohol can be applied to these purposes within the organism, it is of unmixed benefit. And there is much reason to believe that the singular differences between different individuals, as to the quantity of alcohol they can bear, depend on some unexplained difference in the respective rapidity with which alcohol is oxidised in the blood in different persons. For it is now known with certainty, on the one hand, that nearly the whole, even of a poisonous dose, is always oxidised in the body, and on the other hand, that the presence of large quantities of unchanged alcohol for any length of time in the blood, inevitably poisons the nervous system. The antiseptic action, and the influence on the migrative tendency of the corpuscles, are most likely produced immediately that the alcohol mingles with the blood; it probably depends on the subsequent progress of oxidation whether the *general* effect on the patient will be good or bad. One thing is certain: if signs of narcotism—i. e., paralysis of the nervous system—are produced, the alcohol is doing harm, and must be immediately diminished or stopped.

As regards *chronic* diseases, we are sorry to observe that there is very much less of intelligent progress in medical opinion than in the case of acute diseases. It is much to be regretted that a large number, even of highly-educated practitioners, will persist in acting on the assumption that in non-febrile diseases the amount of alcohol to be administered ought to be measured by the degree of debility, merely as such. The direct and very mischievous corollary of this is the practice, unfortunately daily increasing, of prescribing stimulants with lavish profusion in those numerous *nervous* affections to which weakly persons (more especially women) are prone. It is our duty, as medical journalists, to raise our voice to the utmost against this tendency. We are no bigots against alcohol; and we are heartily sick of the unthinking abuse which has been lavished on what it is the fashion to call "indiscriminate stimulation in acute disease." We declare our belief that the real mischief lies at the door of those who are indiscriminate (because they are unthinking and illogical) in their prescription of alcohol for *debility, merely as such*. It is no figure of speech, but the literal truth, when we say that hundreds of neuralgic, hysteric, and epileptic patients have been driven into drunkenness or lunacy, or both, by the careless folly of advisers, who had no better reason for the prescription of large doses of alcohol than the fact that these diseases are attended with nervous weakness, as they undoubtedly are. The assumption involved—that so much ingested alcohol is necessarily so much added nervous strength—is so gross a fallacy that no one would assent to it if expressed in plain words. Yet we constantly see it acted upon. We repeat, with all the energy of which we are capable, that it is a grave scandal and mischief that medical men should endanger in this serious way the powers of moral resistance of women and other weak persons while basing their practice upon ideas that are illogical and untenable; and we trust that a reform in this respect will immediately be commenced.

THE delegates from the various Medical Societies, to whom it has been given in charge to confer with regard to the terms of possible amalgamation between the bodies that they severally represent, have a very grave and serious responsibility. From the accounts that reach us of their proceedings, and of the general tone of their discussions, we fear that they hardly realise how grave it is; and we wish, while there is yet time, to call the attention of the profession to the questions that are at issue. The recent history of London Medical Societies is that they have sprung up, at different periods, to supply some want that was felt by earnest scientific workers, and that did not receive sufficient attention from the pre-existing bodies. When pathological investigation seemed to be the most direct road to a knowledge of disease, the Pathological Society was formed for its promotion. When the investigation of symptoms and of the results of treatment re-asserted its importance, the Clinical Society came into being. Societies thus formed are, as regards any high degree of usefulness, necessarily ephemeral. The precise want that calls them into existence in time ceases to be felt; and they must ultimately either languish or become arenas of display for the crotchets of inferior men. Like the Church at Ephesus, they fall from their first love, and cease to do their first works. The secretary, the treasurer, the council, the president, and, above all, the president expectant, are the very last men in the whole profession to recognise such a change. By their energy, what is in reality a corpse may, for a considerable period, be galvanised into a semblance of life; and the result is that a means takes the place of an end. Instead of a Society being an agent to determine the direction and utilise the results of professional activity, the professional activity is appealed to in order to maintain a Society.

From what we can learn, the delegates of one of the bodies concerned are in danger of furnishing an illustration of this kind of error. They prefer, it is said, what in their shortness of sight they conceive to be the interests of their Society, to the interests of the science that the Society was instituted to promote; and they wrangle about "our" Transactions, and the like, as if there was nothing else worthy of being considered but their own particular branch of medical investigation.

The advocates of the fusion of the Societies have perhaps made a mistake in resting their case upon a basis that is too low, and that is found to break down under examina-

tion. They promised increased cheapness, and held this up as the principal advantage of their scheme. It appears, from the careful calculation made by Dr. GREENHOW, that increased cheapness cannot be attained without risk, the Societies being at present managed with all regard to economy; and increased cheapness, even if attainable, would not be worth much striving for. It is a good thing to save a guinea a year, but not at an expenditure of time and trouble that would suffice to earn treble the sum. The arguments in favour of a Royal Society of Medicine are so weighty that their force would not be diminished even if it were found that the union would somewhat increase the cost of management. The object is that the members of a great profession should have a common bond of scientific union—a corporate presentment of themselves to the public; and that this should also contain an organisation capable of adapting itself to the successive requirements of science as they arise. A scheme so comprehensive could not fail to be very popular, and would enlist the support of members to whom the present Societies offer no attraction. The members of these bodies form but a fractional part of the profession even in London, and their chief present opportunity of usefulness is that they may by coalescence furnish the nucleus of a more complete development. The idea is one that must ultimately prevail, whatever its fate at this particular conjuncture. Its realisation may doubtless be delayed by personal or interested opposition, but such opposition will not redound to the credit of those who are concerned in it, and will not readily be condoned by the profession.

WE have had from time to time, of late years, to enter a protest against the multiplication of "special" institutions for the treatment of the disorders of almost every organ of the body; and we have been to a great degree successful in controlling another phase of the same appeal to the public for patronage—by means of profuse advertising of medical works in the daily press. There remains still, however, another relation between "general" and "special" practice which we think it well to discuss, and that is the relation of the *patient* to the "special" practitioner.

There can be no question that the tendency of all development of knowledge is to lead to subdivision, since men find that, whatever their industry, they cannot keep pace with the ever-advancing strides of science. Notably this is the case with the natural sciences; and thus we have no one at the present day pretending to the universality of LINNÆUS or CUVIER; but we have many able men whose combined information on matters never dreamt of by the great fathers of the sciences has carried the world's knowledge further in the last twenty years than in any preceding century. Is the case of medicine similar? To some extent no doubt it is; and that the special studies of the many have helped forward medical science at an unwonted pace cannot be denied. But there is a great distinction between medical and purely scientific knowledge. The former is, or should be, remedial; the latter only indirectly affects the happiness or health of man. Then comes the question which is the one we wish to propound for the consideration of our readers: Which is of most benefit to our suffering humanity—a profession which in all its members keeps fairly abreast of the knowledge of the day, or a profession which is split up into little cliques, each monopolising a single organ of the economy, and confining its attention to that alone?

The public no doubt favour this cliquism by their absurd search after specifics. Next after the question "What is *good for* such a disease?" comes the query "Who is the best man for it?" Now we are far from saying that the opinion of an expert may not often be of great service in throwing light upon abstruse and difficult points in a complicated case of diagnosis, or that the experience gained in the treatment of an exceptionally large number of cases of a given kind may not be advantageously brought to bear upon a case of similar disease, wherever it may occur. But we do say, and we believe the general feeling of the profession bears us out in the expression of the opinion, that, though diagnosis may have gained much, therapeutics have gained little from modern specialism, and that the danger of each man riding his own petty hobby to (the patient's) death was never more imminent than at the present time.

We look upon the enforcement of a one-faculty system as the very best antidote to rampant specialism which can possibly be devised. In a few years it will be impossible for a young man, who has confined his studies to anatomy and surgery, to bud into a "pure surgeon," supremely unacquainted with any but the merest smattering of physic; nor, on the other hand, will it be possible for a young man with more money than brains to confine his very limited talents to the study of one internal organ, completely ignoring all pathological teachings or therapeutical suggestions not bearing, as he believes, upon his pet subject, and then to call himself a "consulting physician." When the young practitioner has shown himself to be well grounded *in universâ re medicâ*, it will be time enough for him then to be permitted to select, if he desire it, the division of medicine, surgery, or obstetrics for his more immediate pursuit. The universities and other bodies granting the higher degrees in the profession would do well, in our opinion, to facilitate the obtaining of these honours by men who have for some few years been engaged in actual practice, instead of practically restricting them to those who, while still *in statu pupillari*, conceive an ambition too often misplaced, and sacrifice everything in order to comply with the regulations of an over-strict curriculum. We should then have the benefit of an experience of general disease allied to a special study of some particular branch of medicine, and both the profession and the public would be great gainers thereby.

FEW periodical *réunions* have greater interest for us than those of the Medico-Psychological Association. So vast is the central problem, so numerous the satellite ones, which it seeks to solve, that even tentative or provisional solutions acquire a positive value, not less for the illustrative experience which their discussion calls forth, than for the earnest they afford of yet happier efforts in the future. Given even the approximate insight into psychical which we now possess into physical diseases, and what a revelation we should have of the causes and the course of many

phenomena of lunacy which, to the most accomplished expert, are merely enigmas. How very different would be our conceptions of hereditary or acquired propensities to vice and felony; how much surer our tread on the dim debatable ground between morbid impulse and premeditated malice—on the shadow-land where criminality ends and hallucination begins. It is not extravagant to say that one-third of our so-called criminal cases would then be tried by far other standards than legal precedent or forensic decision, and that our schemes of education would comprise incomparably subtler and graver questions than the teaching of this or that catechism; whilst the necessity for a compulsory system would not admit of denial or even of doubt.

At the meeting of the Association at Edinburgh the other day, a most valuable paper was read by Mr. BRUCE THOMSON, the resident surgeon in the General Prison at Perth, "On the Hereditary Nature of Crime." His own very large and long-extended experience had concurred with that of the governors, chaplains, surgeons, and warders of the great prisons of England, Ireland, and Scotland, in showing that their inmates, as a class, are men of mean and defective intellect, generally stupid, and, in not a few cases, weak-minded and imbecile. Out of a population of 5432, no less than 673 were placed on Mr. BRUCE THOMSON'S registers as requiring care and treatment on account of their mental condition. Their derangement assumed these forms: weak-mindedness or imbecility in 580 cases; the same symptoms with the suicidal tendency superadded in 36 cases; and epilepsy in 57. Again, in this criminal class, crime was shown, through its family histories, to be hereditary by such facts as the following:—Under Mr. BRUCE THOMSON'S charge there were at the same time 109 prisoners out of 50 families. Of one family eight were known—often two or three at the same time. The father had more than once been under long sentences, and since 1843 his family had been chiefly maintained at the public expense in prisons. In all these there was a physical as well as moral resemblance which only hereditary transmission could explain; and instances in other great prisons within Mr. BRUCE THOMSON'S personal cognisance confirmed very conclusively the data and inferences as to those in Perth. Nearly one-half of the whole convict women of Scotland are known to have been reconvicted in ten years, while others must have been convicted elsewhere throughout the kingdom. From facts like these, it is a painful deduction that, lapsing as the criminal classes do again and again into crime, they are rarely improved by any form of prison discipline. Break up, says Mr. BRUCE THOMSON, the caste and the community of this class; lessen the number of criminal offenders by transportation and long sentences of the habitual ones; bring the less hopeless of the juveniles under training as early as possible; and let the Legislature practically adopt the principle that crime is so cognate to insanity as largely to fall within the medico-psychologist's sphere.

Other papers hardly less interesting than that of Mr. BRUCE THOMSON were read at the meeting; and of these, perhaps, the ablest was Dr. CLOUSTON'S "On the Medical Treatment of Insanity." True, this subject is involved in labyrinthine complexity; and hitherto the only ARIADNE'S thread of guidance through it has been the red tape of routine. But much may be done by organisation; and Dr. CLOUSTON'S proposal that his fellow-workers should, each in his own asylum, treat certain of their patients whom they might agree to regard as belonging to the same classes in the same way, and that they should keep accurate records of such treatment in forms or schedules agreed on, so that, after they had a sufficient number of cases, these might be collated and lead up to a trustworthy generalisation,—has at least some of the conditions of success. The paper "On the Cottage System of the Management of Lunatics" detailed some interesting experience; but the great question as to whether lunatics of all classes should be congregated under one roof and one management was as summarily set aside as if Sir JAMES SIMPSON'S recent crusade against large hospitals in general had never been started. That Sir JAMES SIMPSON'S thesis, however, is supported by scientific and modern experience in the case of lunatic asylums will be admitted by many who, from the surgeon's or the physician's point of view, will stigmatise it as more specious than sound. We are the more surprised at this omission, because the president of the meeting, Professor LAYCOCK, is known to have given the subject the full benefit of his acute intellect and of his wide experience, whether British or continental; while some of the participants in the discussion must have availed themselves of the opportunity enjoyed at the last Congress of the British Medical Association of testing the latest and most approved details of the aggregate treatment of lunatics at the great asylum for the West Riding under Dr. CRICHTON BROWNE. As a whole, however, the Medico-Psychological Association fully vindicated at its last *réunion* the exceeding gravity of its main topic and the varied importance of its minor ones; and we shall look forward to its next meeting in Glasgow, at the close of April, with curiosity sharpened and with interest appetised.

WE earnestly hope that Mr. GOSCHEN will not hastily sanction the proposals of the guardians of Bethnal-green for reducing the number of medical officers, and debarring them from private practice, either directly by contract or indirectly by excessive work. It is notorious that the present medical officers have complained that they cannot do justice to the large number of patients who obtain orders in this sickly and pauperised parish. They have petitioned the guardians for the introduction of dispensaries; and it would seem that now, in answer to their demand, the majority are to be dismissed, and the rest are to be called upon to do nearly double work. The proposals savour strongly of "minimum relief" in skill and medicine; but we venture to think that, in respect of sickness, efficiency should be the first thing sought for. We had hoped that Mr. GOSCHEN would have insisted upon a modified imitation of the system which has been so successful in Ireland, from which the proposals of Bethnal-green are as different as light from darkness. In the one case the medical officer is to be made the exclusive servant of the guardians: he is to be restricted as much as possible from private practice; he will never have the possibility of rising beyond a very paltry salary and a very mediocre social status. Whilst, in

in the other, the dispensary surgeon enjoys the confidence of the public as well as of the poor. The success of his professional career depends on the care and skill with which his public duties are performed; and the President of the Irish College of Surgeons thinks it an honour to have held the post of dispensary surgeon for many years. Nothing could be more disastrous than the establishment of a series of small appointments, which would either be held by young and inexperienced men as a mere stepping-stone to other things, or by practitioners who have failed to obtain the public confidence. There is no civil appointment where great skill and experience in reading human nature as well as disease are more eminently required. The scheming pauper is far more difficult to manage than the scheming soldier. Sickness, moreover, is the most costly form of pauperism. Inexperience and want of skill in those who treat it are dear at any price. It is, however, more than probable that the guardians of Bethnal-green have no special knowledge of what dispensaries should be, and that they would be ready to adopt a better plan if it were fairly introduced to their notice. The guardians of the Holborn Union have acknowledged their inability to deal with so important and general a question; and we hope the Poor-law Board will respond to their invitation by laying down some general regulations for making the system as uniform as possible throughout the whole metropolis. It is indeed with satisfaction that we observe that action has been pressed upon the authorities at Marylebone; but here also it is most desirable that the arrangements should be part of a general plan, modified, it may be, by circumstances peculiar to the district. There is no part of the Poor-law administration which more imperatively needs reform; and it is to be hoped that no time will be lost in issuing such directions as will enable the guardians to carry out a tolerably perfect scheme.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS.

WE are happy to hear that Mr. John Gay is about to bring forward at the next Council meeting of the College, a motion which will, if carried, help to keep the profession better informed as to the doings of the Council and its constituent members. It will be remembered that in October, 1868, a motion was carried by which suspension in the hall of the College of an authorised report of the proceedings of the Council was ordered, but with the proviso that all the matters should have been confirmed. This, of course, leads to at least a month's delay in the appearance of the official record, by which nearly all its interest is lost. It contains, it is true, a few division lists taken by distinct motion of some member and not otherwise, which we cannot find space to reproduce after the lapse of five weeks, whereas, if any question of importance is debated, we are enabled from non-official sources to discuss and publish the division list in the week following the meeting. Mr. Gay's object is to put an end to this absurd restriction, and he proposes that a report of the proceedings, with all division lists, should be posted within three days of the Council's meeting, thus doing away with the question of confirmation, and letting everyone know what has really transpired within the Council chamber.

We have little doubt the proposition will be received with some alarm, but we should not be surprised if it is carried, nevertheless. The Council must have at length become convinced of the folly of imitating the ostrich in burying its head in the sand, and may instead try to emulate the gastric powers of the bird in digesting clasp-knives and even lancets! We have no wish to kick a fallen lion, and as it is evident that the palmy days of surgical monopoly are passed never to return, we should be sorry to see the College of Surgeons deprived of all its boasted privileges. What it wants most of all is popularity, and that will be best gained by taking the profession into its counsels and stating boldly what its Council does or does not think it right to do. We ask no favour for the Fellows and Members of the College, but simply that they should be as fully informed of the work their representatives do as any other corporation; and believing that Mr. Gay's motion will effect this, we hail its announcement with satisfaction.

AMPUTATION DURING ANÆSTHESIA WITH CHLORAL.

DR. NOIR (of Brioude, France) has published, in the *Gazette des Hôpitaux* of December 23rd, 1869, the case of a man, aged sixty-four, suffering acutely from osteosarcoma of the leg. The patient was very anxious to have the limb taken off; and, as a trial, he took about sixty grains of chloral, dissolved in two ounces of simple syrup, at 8 A.M. Up to nine o'clock, he frequently made efforts at vomiting, and had defective vision; after this came violent excitement, which lasted two hours; he then fell asleep, and soon was so insensible that he could be moved about without waking. This sleep lasted about an hour and a half, and the patient, on coming to his senses, said he felt very well, and asked for food. Pain had of late deprived him of sleep, and he was overjoyed to have had some rest.

Two days after this, the man took seventy-five grains of chloral at eight in the morning, and was uncomfortable for two hours, when he fell into a deep slumber, and underwent amputation of the leg without moving or uttering a sound. After being placed in bed, the patient sank into an alarming coma for one hour; after which, on waking, he was seized with violent delirium and severe vomiting. These fearful symptoms lasted about seven hours, when the poor man passed into a state of complete prostration, and recovered his senses; but did not recollect anything of what had passed, and could hardly speak or move. He took some beef-tea, had a sleepless but quiet night, and the next day all the effects of the chloral had passed off.

Dr. Noir remarks that, in this case, delirium, prostration, and coma were so alarming that it would be imprudent to use chloral as an anæsthetic in operations if further experience prove that these dangerous symptoms regularly present themselves. There can, however, be no doubt, he adds, that insensibility was complete during the operation.

OUR INDIAN BARRACKS.

THE Indian Government is said to be labouring very hard at the present time to secure a more economical administration; and we are not at all sorry to perceive that its attention has been awakened to the costly nature of its military buildings. It is very questionable whether it is pursuing a wise course in raising any more barracks in the plains; and the policy of spending ten or twelve millions in the erection of large permanent buildings in these localities is held by many men of eminence

to be a grievous mistake, and a wasteful expenditure of money. Of course there are some stations which must be garrisoned at any cost; but every European soldier not absolutely required in the plains should, in our opinion, be quartered on the hills, especially as these are becoming every year more accessible by the increase of railways. The condition of the country is quite different from what it was at the time of the Indian mutiny. There was then a considerable body of native artillerymen—and the native confides in a big gun as thoroughly as Theodore did in his big mortar,—but these have no existence now. Dr. Beatson has recorded his opinion that the existing barracks in the plains are sufficient for the force which imperial considerations require to be stationed there. Be this as it may, however, the simpler and cheaper the construction of the barracks the better, provided that they are lofty, well raised from the ground, and capable of affording ample cubic and lateral space to the troops quartered in them. At Meean Meer expensive military buildings were erected, and the consequence has been that soldiers are doomed to die in that wretched locality, on account of the amount of money that has been sunk there. There is also another and an important reason why it is inexpedient to carry out large and expensive improvements in old buildings, or to erect new ones of the same character: we cannot tell how long any place will remain healthy after it has been occupied, of which Secunderabad affords a notable illustration. One advantage of having inexpensive buildings would be that these could be relinquished when they had acquired an unhealthy character. The interest of ten or twelve millions would probably almost suffice to carry this out. Instead of spending enormous sums of money on big buildings, it would be far better to employ it for other purposes, such as the improvement of the water-supply, drainage, &c. The aggregation of men means the production of an impure atmosphere, and this unquestionably increases the proclivity to an epidemic disease like cholera.

TYPHOID FEVER AT BARNSLEY.

WE see by the Barnsley papers that certain districts included within the union are visited by typhoid fever; and that the epidemic is producing its usual miserable consequences. Guardians and members of what is ironically called a Board of Health are wasting time in disputing about matters that none of them understand; and, in the mean while, the plainest requirements of the case are neglected. On the 23rd of November, Mr. Stewart, a district medical officer, reported to the guardians that cases of typhoid fever had arisen in the village of Burton, along with cases of diarrhœa, the cause of which may be found in the very bad condition of the water derived from the town pump, the only supply available for the greatest part of the inhabitants.

"I find in the immediate neighbourhood of the well a large hole or cesspool, into which the sewage of that part of the village flows. This cesspool is situated upon the rising ground above, and only about a dozen yards from the pump, and several of the springs which supply the well take their apparent origin from the same spot upon which the cesspool is placed. If immediate steps be not taken for the removal of this nuisance the consequences may be very serious."

The effect produced by this letter was simply a wrangle, and it was stated that the cesspool was actually "twenty or thirty yards" away from the well; and, what was more to the purpose, that it was in course of being removed. Certain peccant drains were also said to be peculiar cases that it was difficult to deal with. Finally, it was resolved that the Clerk of the Board should write to certain other clerks; as if sewage could be rendered harmless by the action of the penny post. There does not seem to have been any attempt to ascertain whether the inhabitants of the district referred to were or were not systematically drinking the discharges from one another's bowels; or any attempt to ensure that these discharges, when furnished by fever patients, should be disinfected before they were cast forth. Next, on the report of the workhouse medical officer, came a discussion about the reception of fever patients in the workhouse; a discussion that ended in words. A fortnight later the same subject was renewed, under the stimulus of a letter from the Poor-law Board; but this led to nothing but the same aimless pottering as before. The Barnsley guardians should be told by their doctors, and told so loudly and plainly that they cannot refuse to hear and understand, that typhoid fever cannot spread unless from gross neglect of well-understood precautions. Every death from typhoid ought to be made the subject of an inquest; and a public-spirited coroner could do no better service than to hold such inquests, and to trace the source of infection, and the point of neglect, in every instance. He would usually have no difficulty in affixing a moral responsibility; and he would educate public opinion towards the point of changing that moral responsibility into a criminal one. In the meantime, while the Barnsley people are writing letters to the Poor-law Board, and to neighbours, it seems probable that the epidemic will spread, that it will destroy valuable lives, produce much misery, and make its mark upon the poor's rate for years to come.

CONVICTIONS UNDER THE MEDICAL ACT.

Two convictions have been obtained lately under the Medical Act, which will give satisfaction to the medical profession. One, at the Clerkenwell Police Court, was that of Mr. John William Hayes, of 32, Old-street, who was the assistant of Mr. Wilson, B.M., of 36, Farringdon-street. This Mr. Hayes is the gentleman who lately came before Mr. Humphreys, at an inquest, and admitted to having once perhaps, "in a flurry," said he was Dr. Wilson. It was proved in the police court, according to the report in the *Eastern Post*, that the defendant attended and prescribed for a sick child, which died, and he gave a certificate of the cause of death, he not being a duly qualified practitioner. It was also proved that when the defendent visited the child he caused the mother to believe that he was "Dr. Wilson." The defendant was married a few weeks ago, and the marriage certificate was put in as evidence, which proved that at the time of his marriage he represented himself as a surgeon. Mr. Cook ordered the defendant to pay £10 fine, and £3 3s. costs, or in default two months' imprisonment. Mr. Wilson seems on remarkably good terms with this assistant, notwithstanding that he had personated his principal, and in other ways seems to have deported himself in a way which would estrange most members of our profession. He entered into recognisances for the defendant's appearance in a week, when report was to be made concerning the payment of the fine and costs. The case is a flagrant illustration of the evil and the injustice of gentlemen with titles and qualifications giving the sanction of their name to unqualified assistants living in separate houses.

The second case of conviction under the Medical Act is that of Mr. Geo. Boyce Douglas, of Nelson-square, Bolton. It would seem that Mr. Douglas originally acted as assistant to the late Mr. Hampson. On Mr. Hampson's death, Mr. Douglas went to the opposite side of the square, and put the following sign over his door:—"G. B. Douglas, late assistant to R. Hampson, [with a comma] surgeon." The word "surgeon" is very ingeniously made use of in this sign,

and would be taken by many people to apply to Mr. Douglas as well as to Mr. Hampson. Moreover, Mr. Douglas made out bills like the following:—"To attendance as *a surgeon and apothecary* on Mr. Parkes's men of the Elton collieries, £33 8s. 6d." Certificates of sickness were also produced, dated from "Nelson-square Surgery." The defence seems to have been vague and absurd. If it is possible to break the 40th clause of the Medical Act, it is surely broken when a person without a qualification makes out his bill as a *surgeon and apothecary*. If this is not using titles *falsely*, and conveying the impression that the person using them is either registered or entitled to be registered, then we do not see that there can be such an offence. Notwithstanding this, the magistrates, in announcing their decision that the offence was proved, said there was difference of opinion among them, and that the whole Bench would be pleased if the attorney for the defence would take a case, which was done.

In the first of the cases above alluded to, we have reason to know that the Medical Council was asked to undertake the prosecution, and declined doing so. Doubtless it will undertake to receive the £10 which may accrue to its coffers if the fine is paid. It is exceedingly irritating to the profession to have a Council which will not move a little finger to put in motion the Medical Act, but will open its whole hand to receive fines accruing from prosecutions, all the trouble and annoyance of which devolve upon private persons.

THE PROPORTION OF ABORTIONS IN SYPHILITIC WOMEN.

DR. F. WEBER, of St. Petersburg, having had for four years the direction of the wards set apart for patients affected with venereal disease, seized upon this opportunity to examine how far syphilis acts upon the fœtus.

Forty pregnant women, suffering from lues, were admitted during the period mentioned. They were all treated, first with mercury, and subsequently to the mercurial course with iodide of potassium, all the necessary and ordinary topical measures being carried out regardless of pregnancy. Of these 40 women, 33 left the hospital without any disturbance in the progress of gestation, and 7 were confined in the institution. Of the latter, 3 reached the normal period, and were delivered of healthy children; the 4 others were prematurely confined, 1 in the sixth month, 2 in the seventh, and 1 in the eighth. The children bore no signs of syphilis; but they died within the first few days after birth from weakness. Among these 7 women, one had erysipelas of the face besides her syphilis, and another intermittent fever; the remainder presented no intercurrent complaints. All were delivered normally; one only, suffering from ague, had slight endometritis.

Hence, out of 40 syphilitic pregnant women, confinement was premature in only 4—viz., ten per cent.;* and as 2 in these 4 had intercurrent diseases, we have actually only 2 labouring under simple constitutional syphilis. It may be objected that the treatment had something to do with these results; but it remains, nevertheless, clear that syphilis seems to have a doubtful influence on pregnancy.

Dr. Weber, very properly and industriously, completed his investigations in taking note of all the cases of pregnant women admitted into the general wards of the hospital within the above-mentioned four years. He gives (in the *Med. Centr. Zeit.*, Dec. 22nd, 1869) some details which may be summarised as follows:—Acute diseases, 79: premature labour, 29—viz., 36·5 per cent.; death of mothers, 13—viz., 44·8 per cent.; death of children, 26—viz., 89·6 per cent. Chronic diseases, 6: premature labour, 3; mothers all died; of the children, only 1. The author concludes (we consider on insufficient grounds) that syphilis has, of all affections, the least amount of influence on the course of gestation.

* The author forgets that we have no data as regards those 33 women who left the hospital "without any disturbance in the progress of gestation." We do not know whether, after leaving the institution, they reached the term of gestation; whether the children lived or died; and what kind of symptoms the latter may have presented.—ED. L.

THE CHARITY OF A PROFESSIONAL BROTHER.

A RECENT inquest at Liverpool puts in the most unfavourable light for public inspection the good feeling of one professional man for his brother. Dr. Falloon, of Shaw-street, was called in on an emergency to see a Mrs. Parry, the patient of Dr. Irvine, whose residence was some distance off, and found the patient dead. Thereupon he thought fit to send a letter to the coroner of the district, which we give entire, as a specimen of what ought to be avoided by every decent practitioner:—

"Shaw-street, Liverpool, Dec. 10th, 1869.

"MY DEAR SIR,—I was called yesterday to see a Mrs. Parry, of Gregson-street, and found her dead when I arrived. It would appear that she had been suffering from neuralgia, but was up and in the bar on Saturday and Sunday; was seen by a Mr. Irvine on Monday, Tuesday, and Wednesday, who told her husband there was no danger, and ordered her a strong mixture with prussic acid and Battley's sedative. However it happened, there is no doubt the woman was poisoned. I have refused to give a certificate of death, and advised her husband to see you and act accordingly. I have the remainder of the medicine and the prescription.

"With every good wish, yours faithfully,

"EDWARD L. FALLOON."

The Coroner, of course, felt compelled to order a post-mortem examination, and hold an inquest. At this it was proved by the evidence of another medical man that the patient died of disease of the liver, under which Dr. Irvine had said she was suffering, and that there was no single circumstance of suspicion in the case except what had been imported into it by Dr. Falloon. That gentleman, when examined, could only account for his extraordinary behaviour by saying that "he had been induced to make inquiries as to the manner in which Mrs. Parry had been treated in consequence of the "peculiar glassiness of the eyes!" He attempted to show that an overdose of the medicine had been given by the relatives, but does not appear to have in any way apologised to Dr. Irvine, or to have expressed any regret for the unfortunate mistake he had made.

As a practitioner of nearly thirty years' standing, Dr. Falloon has no excuse for the unprofessional way in which he has treated a legally qualified practitioner junior to himself. We have little doubt that Dr. Irvine might obtain heavy damages from a jury for the injury he has sustained, but it would be much better that he should endeavour to obtain through his brother practitioners some public apology from his accuser which would remove all possible stigma from his name in the eyes of the public.

POST-MORTEM TEMPERATURES.

ABOUT the year 1760, when the study of thermometric readings became a practice in the medical world, De Haen, of Vienna, made the discovery of the singular and interesting fact that sometimes the temperature of the body may rise after death. The discovery, though clearly and definitely announced, was lost for nearly a century, when it was revived by Roger, and carefully followed up by Wunderlich. Quite recently, Adolph Valentin has put together all the most reliable information bearing upon the phenomena in question, and has shown that the occurrence of post-mortem heat is common to all dead bodies, the differ-

ence being only in degree. The phenomenon is observed in all cases where the development of the post-mortem temperature exceeds the simultaneous loss of heat by radiation or conduction from the body. Respecting its cause there have been many speculations, some attributing it to the solidification (rigidity) of the muscles, others to chemical changes of decomposition, and others, again, to continuance of so-called vital action after the motion of the heart has ceased. Of the precise facts known respecting the occurrence of this phenomenon, the most important is that the heat is most quickly and determinately developed after death from rapid injuries and lesions of the nervous centres, especially of the brain. Thus, in cerebro-spinal meningitis, the temperature after death has risen from 104° to 111° Fahr. The rise in temperature has, however, been observed after death from other diseases; in cholera, Huebbenet observed the thermometer rise from 79° to 92° Fahr. after death; in variola, attended with much delirium, Simon observed a rise of temperature from 104° Fahr. at death, to 113° Fahr. afterwards.

The subject of post-mortem temperature is worthy of earnest attention in this kingdom, where the thermometer is becoming an instrument of research in disease little inferior to the stethoscope. In cases involving medico-legal questions, correct knowledge of the changes of temperature after death is essential to the welfare of the living, in every point of view.

THE DELHI BOIL.

A DISCOVERY has recently been made which promises to throw a good deal of light upon the pathology and treatment of a very common and intractable form of ulcer prevalent at certain stations in India. There is every reason to believe that the true explanation of the occurrence of the Delhi sore has not hitherto been given, and that neither the chemical character of the water, such as the presence of nitrates or nitrites in it, nor the condition of the station, has anything to do with its production. From several observations, Staff Assistant-Surgeon Dr. Fleming was induced to believe that the affection was of local, not constitutional, origin; that it was caused by an animal parasite, or its ova, or both; and that thorough destruction of the tumour, on its first appearance, by a strong caustic solution was the remedy. We are indebted for our information to a paper by Dr. Fleming in the *Indian Medical Gazette* of Nov. 1st. The Delhi boil is a misnomer; it is described as a morbid growth affecting the skin and subcutaneous tissue, and without signs of inflammation until the ulcerative stage. During the growth of the tumour, and up to the period when ulceration begins, it appears relatively transparent and shiny, and one or more yellowish spots may be detected in it, deeply seated, by the aid of a lens. If one of these spots be cut down upon with dissecting needles, a small, round, yellowish body, with a glistening capsule, just capable of being discerned by the naked eye, will make its appearance, and can readily be removed. Drawings of two of these bodies are shown with the aid of the camera, magnified. They are seemingly composed of an apparently fibrous envelope, arranged in concentric laminæ, enclosing fluid contents and probably something else. Dr. Fleming hazards the conjecture that they are parasitic ova of some kind. Curiously enough, we understand that Surgeon-Major Smith recently forwarded an official document to the authorities, in which he has detailed his researches, which are said to be of a more extended and important character. He has arrived at conclusions in this respect identical with those above-named—viz., that the disease is due to the presence and development of ova, obtained from the water used for washing, in the affected parts. Dr. Smith's paper will probably be published in the next Army Medical Blue-book. In the meantime the medical authorities in India have been requested to prosecute the inquiries still further. The drawings illustrating Dr. Fleming's paper do not enable us to identify—at any rate, with certainty—the exact nature of the parasites.

INFLUENCE OF ALTITUDE ON TEMPERATURE.

DR. MARCET communicates a paper to the *Bibliothèque Universelle et Revue Suisse*, Nov. 15th, 1869, in which he gives the results of a series of observations made during an expedition to the Mont Blanc chain of mountains. He employed a thermometer so constructed that, whilst the bulb was under the tongue, the height of the mercury could be read off by means of a small mirror attached to the stem. The instrument was carefully graduated to fifths of a degree, but variations not exceeding a tenth were readily visible. The results he obtained were as follows:—1. The temperature of the human body in the state of repose does not ordinarily become less elevated at the summit of high mountains than at the level of the sea. Diminution in atmospheric pressure, therefore, does not appear to have a marked influence on the temperature of the body in a state of repose. 2. The temperature of the body appears progressively to diminish during the act of ascent. The degree of this depression depends almost exclusively on the time that has elapsed since the last meal. As a general rule, rapid mounting, with free transpiration, produces the greatest depression of temperature. 3. The temperature of the body, after undergoing decrease during the ascent, quickly augments when the body is again at rest, or even when the rapidity of the ascent is diminished. 4. The general feeling of indisposition, and in particular the oppression at the heart, that is often experienced at great altitudes, is accompanied with a remarkable depression of temperature of the body generally.

VITALITY AMONGST THE QUAKERS.

THE American Philosophical Society has received from Mr. Pliny Earle Chase an important contribution on the value of life in the town of Philadelphia. Mr. Chase shows that, notwithstanding the increased juvenile mortality, the Philadelphia life-tables indicate a possible life in Philadelphia of 114 years, a probable life of 33·44, and an expectation life of 35·09 years. He means by the term "*possible*" life, the limit sometimes obtained in a given locality; by the "*probable*" life, the age the probability of living beyond which is as great as that of dying before the age is attained; and by the "*expectation*" life he defines the average which will be attained by all who are born. In sixty-two years the average mortality was 1 in 47·836, the coloured mortality in the same period being 1 in 27·763. The ratio of still births to total births was 4·3 per cent., and to total deaths 5·8 per cent. The ratio of living births to population was 2·8 per cent., and of deaths to births, 74·5. The average natural increase was 3·3, and the increase by emigration 2·6 per cent. The main age at death was 23·57 years, and the main age of persons living was 24·29.

But the most interesting facts in Mr. Chase's tables are those which show how the simple mode of life of a quaker community compares with the life of a more active, or, rather, more luxurious people. He analyses the life-tables of the two communities of Philadelphia, dividing them into "Friends" and "Philadelphia," and finds, as his results, that the Friends at the age of twelve years have a maximum vitality of 20·49 per cent. *over* their neighbours; that from twenty to sixty years of age they have a proportionate mortality of 23·37 *under* their neighbours; that their expecta-

tion of life is 24·62 per cent. higher, their probable life 43·78 per cent. more valuable, and their proportionate mortality at birth 44·70 lower than the mortality of their neighbours.

The Quakers of Philadelphia approach thus towards the Jewish race, in respect of vitality, in which they are, probably, exceptional to all other Christian communities. The lesson brings us back in thought to those peoples of whom the student's classical and great master speaks: "Plerumque tamen eam bonam contigisse ob bonos mores, *quos neque desidia, neque luxuria vitiarant.*"

INQUESTS IN WORKHOUSES.

THE Guardians of St. Pancras have addressed a letter to the Home Secretary, complaining of the number of inquests held by the coroner on patients who have died in their notorious workhouse. This letter was forwarded to the coroner for report and explanation, and Dr. Lankester states that he is glad of the opportunity of answering the inquiries of the Board of Guardians. He observes, first, that in no case was inquiry unnecessary; and, secondly, that no inquest on the death of any person dying in St. Pancras Workhouse could be unnecessary, on account of the obvious mismanagement of that institution. Thirdly, Dr. Lankester is of opinion that it would be of advantage to the poor in all our workhouses throughout the country that inquests should be held in every case of death, as it has now been demonstrated that no inspection, however good, and no exercise of central authority, however able, can prevent the most gross abuses from prevailing in our workhouses. In these remarks we most cordially agree. The sad cases of neglect and ill-treatment which crop up by accident from time to time prove the necessity of more frequent inquiries.

Let us hope that the Government will support the coroner in holding as many inquests as possible in workhouses, and if the law will not permit their being held in every case, we think it should be an imperative rule that they should be held on the death of imbeciles, and of all patients who have been but a short time in the workhouse sick wards. It might also be desirable to hold inquests in every case in those workhouses where defects have been discovered; the practice to be continued until the defects are remedied,—we believe that this course would sharpen both guardians and inspectors in the performance of their duties.

HEALTH OF EMIGRANTS.

THE statistics annually issued by the Commissioners of Emigration of the State of New York show very decidedly how much mortality among emigrants has decreased since steamships have been used more generally than sailing vessels for transport across the Atlantic. For it appears that during the year 1868, a total of 651 vessels, carrying 28,178 cabin, and 212,402 steerage passengers, entered the port of New York, and that 593 deaths occurred in transit. The steamships carried 208,386 passengers, and 200 deaths took place; and 32,194 persons were carried in sailing vessels, with a mortality of 393 persons. The emigration work is now very well and systematically conducted both at New York and Liverpool, but the Commissioners of Emigration at the former city very rightly complain that no care is taken of emigrants from the time that they arrive at Liverpool to the eve of their departure, so that, in numberless instances, they are plundered by unprincipled lodginghouse keepers, and, as a necessary consequence, arrive in New York nearly destitute. The growth of emigration is important to the United Kingdom; the fostering of immigration is equally important to the United States, and the Emigration Commissioners in our own country would very greatly assist the sanitary as well as the financial eventualities of those who go abroad, by making such arrangements at Liverpool as shall give emigrants an opportunity of obtaining some kind of decent lodgment at a reasonable rate, pending their final departure.

THE ROYAL ALBERT HOSPITAL, DEVONPORT.

THE disputes between the lay and surgical authorities of this hospital have, we regret to find, led to the infliction of injustice upon a subordinate officer, Mr. Wolferstan, the house-surgeon. This gentleman (after ably filling his very responsible post for five years) has been summarily dismissed with a *douceur* of £50, half of which he was entitled to in lieu of notice, and, apparently, by the contrivance of the chairman, Mr. Woolcombe, who induced the sub-committee appointed to consider the qualifications of the candidates for the office under the new management to omit Mr. Wolferstan's name. The regard in which Mr. Wolferstan is held in the hospital is best shown by the general feeling of regret evinced at his retirement, the nurses and servants presenting him with a valuable inkstand as a testimonial, and the staff bearing the warmest testimony to his merits. We imagine that under these circumstances Mr. Wolferstan will have no difficulty in obtaining some equally good appointment should he desire to do so.

LIMITATION OF HOSPITAL APPOINTMENTS.

THIS important principle has recently received recognition in Brighton, at a special general meeting of the Lying-in Institution. The following resolution was proposed by the late senior physician to the Brighton Dispensary, and seconded by a late honorary surgeon to the Lying-in Institution:—

"In future, the honorary surgeon-accoucheurs may hold office for any period not exceeding ten years, and be eligible for re-election for five years more."

A clever, but fortunately unsuccessful, attempt was made to evade this principle of the terminability of appointments in the following amendment:—

"That, in future, surgeon-accoucheurs should and may hold office for any period not exceeding ten years, and be eligible for re-election for every consecutive five years."

An attempt to recognise the same principle—viz., to limit the term of honorary appointments, and give the juniors of the profession a taste of "the sweets of office," was made in the Committee of the Sussex County Hospital; and we are informed that, though opposed by the senior physician and the senior surgeon and others, but not by the whole of the medical staff, it was only lost by the casting vote of the chairman, he being opposed to some technical wording of the resolution.

THE WELSH FASTING GIRL.

THE details of the evidence given at the Coroner's inquest in the case of the Welsh fasting girl, which reached us after we had gone to press last week, have not shed any fresh light on the subject, beyond proving to demonstration that, with all our boasted advance in civilisation, there exists an almost incredible amount of ignorant superstition, somewhat held in restraint certainly, but ready to manifest itself at any moment. The Welsh Vicar, whose wrath we incurred long ago by citing him as an example of the credulity among parsons, seems determined not to lay himself open to a similar imputation now; for he is apparently as incredulous of the fact that the child died of starvation as he was previously convinced that she had existed without food of any kind. He is reported to have opened the pre-

ceedings at the meeting of the committee of investigation by the remark that they had met together a sadder but not a wiser lot of men.

Nothing in the records of the dark ages could have surpassed the evidence of the father for unmitigated nonsense; but, as a verdict of manslaughter has been recorded, we forbear saying anything further in regard to him. As to the part played by Mr. Davies, one of the medical attendants, we can only characterise it as lamentable that anyone supposed to have received scientific training of any kind should have allowed himself to be influenced—as he appears to us to have been—by the statements put forward by those about the girl. The case will, however, involve a criminal prosecution, and any further remarks would, under these circumstances, be unbecoming.

GIBRALTAR.

WE announced some time ago the discovery of a new source of water-supply for Gibraltar, which promises to be ample for the wants of the population. The inauguration of the new water-works took place on Nov. 8th, in the presence of the Governor, Lady Airey, and the troops of the garrison, amid a good deal of display and rejoicing. It is nearly two years ago that Lady Airey laid the first stone of the works of drainage and water-supply. These works have progressed nearly to their completion, and the Sanitary Commissioners anticipate a great sanitary improvement in Gibraltar. The improvements in the ventilation of dwellings and the sewerage of the town could be only partially successful, however, unless supplemented by an abundant supply of fresh water, and the discovery of a new source has therefore been made most opportunely. The maximum allowance for the troops has hitherto been two gallons and a half per man daily, but the Commissioners hope that the minimum supply for the civil and military population alike will not be less than ten gallons per head daily.

CÆSAREAN OPERATION AFTER THE DEATH OF THE MOTHER.

DR. BECKMANN, of Berlin, has published the case of a woman, aged twenty-five, who, being in the eighth month of pregnancy, was seized with apoplectic symptoms, and died comatose. Conscious that there was no chance of saving the child unless it was extracted within five minutes after the mother's death, Dr. Beckmann, having obtained leave from the husband, performed the Cæsarean section with an abscess lancet, the only instrument he had with him. The child weighed hardly four pounds, and by persevering efforts at resuscitation, which were carried on for full two hours and a half, the child breathed freely, and is now a strong boy, nearly three years of age.

AN UNLUCKY CORRESPONDENT.

IN America, we have been told, all public occasions are productive of oratory. In England, instead of "orating," we write to *The Times*. Such, at least, has been the course pursued by "Mr. J. D. Brewer, F.R.C.S.," who has had the bad taste to make the death-bed of the child Sarah Jacobs a platform from which to enlighten the public concerning the powers of the Welsh surgeons in general; and, by no remote implication, concerning his own in particular. He states that "we shrink from no operation, great or small—from trifles up to lithotomy, and we can also extract a cataract without 'poking out a hatful of eyes in acquiring the art,'—the old axiom of some of our best oculists in London." How many Welsh surgeons are required to extract a cataract is not stated, neither are we told how Beer's unfortunate speech about awkward pupils became an "axiom;" nor is any reason assigned for fathering it upon "some of the best oculists in London." The sentence stands as we have quoted it, and can only be paralleled by Sidney Smith's description of the self-sufficiency of Lord John Russell, who, he said, "would be ready to cut a man for the stone, build St. Paul's, or command the Channel fleet." It is followed by another sentence, which states that "we" regarded the past doings of Sarah Jacobs as an "innocent delusion"!

In justice, however, to our skilful and honourable brethren in Wales, and especially to those of them who bear the name of Brewer, we must explain that the printed signature is a mistake. We gather from internal evidence that the letter was not written by any Mr. Brower, but by a practitioner of a very different appellation. This is so good a joke that we cannot find in our hearts to spoil it by any indiscreet revelation of the personality of the writer.

DISPENSARIES IN MARYLEBONE.

THE guardians of Marylebone have received a gentle hint that if they should continue to oppose the introduction of dispensaries, the salaries of their medical officers (amounting to £1500 a year) will not be repaid them out of the common fund. They have, therefore, resolved upon a compromise, and to establish two dispensaries, one for the north, and the other for the south, which they consider will amply suffice to meet the out-door requirements of the sick poor. The chairman stated that he had reason to believe that the Poor-law Board would be satisfied with this arrangement.

RELAPSING FEVER.

THE Metropolitan Asylum Board have taken active steps to provide for the hospital treatment of relapsing fever. A temporary hospital at Hampstead is being built, at a cost of £5542, the whole to be ready for occupation by the 20th proximo.

Great objections have been urged against the site by the inhabitants of Hampstead, who naturally dislike the idea of having fever brought amongst them; and, indeed the situation and nature of the ground are open to considerable objection in a sanitary point of view. This, perhaps, was scarcely to be helped. The managers have the ground, and the occasion is extremely urgent. There are upon the Board several gentlemen who have great experience, and we may expect that every precaution will be taken, not only to prevent the propagation of the fever, but to secure its most efficient treatment.

THE FREE MEDICAL SCHOLARSHIPS OF THE ROYAL MEDICAL BENEVOLENT COLLEGE.

IN the autumn of last year we called the attention of our readers to the establishment of these free medical scholarships, designed for the benefit of the foundation boys, necessitous orphans, of Epsom; commending the suggestion of Sir James Clark that every medical man interested in the College should contribute £1 1s. We are glad to hear that the Fund is steadily progressing, and that a large amount has been received. Still, as there are doubtless many who have not yet contributed, we would again urge the claims of these free scholarships, which are calculated to promote good work, and are only designed for those who are willing and anxious to help themselves. Dr. Carr, Blackheath, Dr. Ringer, 15, Cavendish-place, and Mr. John L. Propert, 100, Gloucester-place, are the trustees to the Fund, and will be happy to receive contributions.

HEALTH OF THE EMPEROR OF RUSSIA.

The disease from which the Emperor of Russia is suffering is hypochondriasis—a malady which is hereditary in the imperial family of Russia, and which is extremely difficult to combat. It has thrown a gloom over his existence. It is said that the Emperor, whose robust appearance and fine aspect of health are considerably altered, often refuses food, and shuts himself up from all outer communication, and from all the social enjoyments which he used formerly to seek.

BEARDS IN THE ARMY.

Now that the non-commissioned officers and men of the Royal Marine forces are permitted to wear beards, we cannot see why the same privilege should not be conceded to soldiers generally. The possession of a beard, if it be only a good one, effects an unquestionable improvement in the appearance of the men themselves, it affords a natural covering to the throat and chest for soldiers exposed to night air and fogs whilst on guard, and it saves shaving in the morning. Most of us, even with the aid of hot water, a good looking-glass, and a fair razor, know what an amount of irritation the act of shaving induces these cold dark mornings; but with half-a-dozen fellows waiting for their turn at a "bit of a mirror," in order to run a doubtful razor over their stubble fields, by the aid of a "bit of candle," the process must be trying to the temper of saints, which our soldiers are not, at this particular season of the year.

THE TREASURER OF GUY'S HOSPITAL.

We cannot pass without notice the statement that has been publicly made by Mr. Turner, the Treasurer to Guy's Hospital, to the effect that he alone was responsible for sending the nurses to watch the girl Sarah Jacobs. It is quite unnecessary to enter into the consideration of Mr. Turner's so-called reasons for thus acting. These are beside the question; and the circumstance that he had any power to decide in such a case is a new and melancholy illustration of the evils that spring from placing the government of an hospital in the hands of a single man, not specially qualified for so great a trust. It is, at least, satisfactory to learn that the medical staff is not implicated in the matter; and we shall return to the general question in an early number.

"DEATH FROM NATURAL CAUSES."

This is a very common form of verdict for a coroner's jury to return, but occasionally is, in the opinion of many people, very wide of the truth. In the case of the wife of a chemist at Garn, near Dolbenmaen, in Wales, who died suddenly last week, this very verdict was returned, under the direction of a medical coroner, but without the performance of a post-mortem examination, and certainly appears rather beside the mark. The deceased woman was suffering from the sickness of pregnancy, and having studied some encyclopædia, she learnt that prussic acid was "good for sickness." She thereupon induced her husband, by considerable persuasion, to procure a bottle of the acid (whether pure or diluted does not appear), and to this she had uncontrolled access. On December 2nd the husband left his wife at nine o'clock troubled with her usual malady, and on returning at eleven o'clock found her sitting on a chair very ill. She was immediately removed to bed, and died in three-quarters of an hour, before the doctor arrived. The husband informed the first medical man who came of his fear that his wife had taken prussic acid, and that gentleman, the assistant of the ordinary attendant, thought he detected the smell of the poison about the patient's mouth. This was denied by his principal, who arrived shortly after, and who attributed the death to convulsions, though neither the servant nor the husband witnessed anything of the kind. One remarkable feature in the case was that the husband produced the bottle which had contained the prussic acid for the doctor's inspection, but "the contents had been thrown away"!

Now, we are far from saying that there was any suspicion of foul play in the case, which is very different from one in which a husband, anxious to be quit of his wife, procures and purposely leaves in her way a deadly poison. The verdict was in accordance with medical opinion, but it was medical *opinion* only, not founded upon examination of the deceased.

SMALL-POX IN PARIS.

The *Bulletin Hebdomadaire*, published for the city of Paris by the Prefect of the Seine, records the fact that during the week ending Saturday last 34 deaths were officially reported as having occurred from small-pox in Paris. For the last seven weeks the fatal cases have exceeded 20 per week, and altogether no less than 251 deaths from this cause have been recorded during the fourteen weeks ended Saturday last. In London the deaths from small-pox in the same fourteen weeks have been 95. Taking into account the population of the two cities, small-pox has been fatal in Paris at the rate of 14 and in London of 3 deaths to every 100,000 inhabitants. There is no law of compulsory vaccination in France; parents are perfectly free to have their children vaccinated or not, as they please; and, as an eminent French authority on medical matters writes, "*il arrive ainsi que la variole est plus fréquente et plus meurtrière dans notre pays que dans les contrées où la vaccination est obligatoire.*"

AMERICAN IMPROVEMENT IN VENTILATORS.

An improved ventilator has just been imported from America. The Howard is not unlike a Sherringham inlet in the midst of which is placed a box containing sponge and charcoal. The effect of these additions is to moderate the draught, to warm and purify the air, and to remove dirt and excessive moisture. As a part of an effective system of ventilation, the Howard ventilator deserves a trial, and will no doubt be useful.

Mr. Potts has been employed to apply his system of ventilation by double cornices to one of the fever wards now in course of erection at Hampstead. Besides its use in numerous private buildings, it is already in operation at Somerset House, Wood's Hotel, the National Schools at Beckenham, the Railway Passengers' Insurance Offices, Cornhill, and St. John's College, Highbury.

ON THE USE OF ARSENIC.

Dr. Devergie, a well-appreciated dermatologist of Paris, states that some confusion now exists among the different arsenical compounds, and thinks we should confine our prescriptions to Fowler's solution. He considers eighteen drops as the maximum dose, which should, however, be reached gradually. Dr. Devergie also holds that the arsenic should be given fasting, and not with the food, as in the latter case the action of the remedy is interfered with, and we do not know how far it is being absorbed.

HEALTH OF OUR TROOPS IN INDIA.

According to the information we have received from India, it would appear that the 21st Fusiliers, stationed at Kurrachee, are very unhealthy. Owing to the regimental hospital being full, additional accommodation has been obtained at the new upper-storied barracks in the Napier

Lines. The exertions of the medical officers are spoken of in terms of warm commendation. The condition of the regiment may be readily surmised from the following facts:—Out of a strength of 678 men, there were about the end of November last 371 non-effectives, 169 being in hospital at Kurrachee, and 202 at the Ghizree Sanitarium and Encampment.

THE ADULTERATION BILL.

WE learn that the future conduct of this much-needed enactment has been surrendered by Mr. Dixon, M.P., who formerly carried it to a second reading, and that it will devolve upon Mr. P. H. Muntz, M.P. The latter gentleman, after two long interviews with Mr. Postgate, stated that he cordially approved of the principles of the Bill, and that he would do all in his power to secure its passing the House of Commons.

TREATMENT OF HŒMORRHOIDS.

M. RICHET has published, in *L'Union Médicale*, a clinical lecture "On Hæmorrhoids," in which he advises the use of forceps, brought to white heat, to cauterise piles in several sections. The Professor gives a history of the various modes of operating which have been proposed, but omits to mention Houston's nitric acid plan, and the manner of seizing hæmorrhoidal tumours with a clamp, cutting them off, and arresting hæmorrhage either with nitric acid or the actual cautery—an operation successfully practised by many British surgeons.

ANTI-VACCINATION MEETING AT NEWCASTLE.

ANTI-VACCINATION meetings are intolerably stupid and monotonous. But one at Newcastle the other day was rather less so than usual by reason of the fact of a chairman who declined to judge of a medical question, and of the importation of a little common sense in the speaking. This latter contribution was made by two medical gentlemen, who showed the enormous reduction in the cases of small-pox, and of the mortality from it, which had accrued from vaccination. They carried the meeting with them, and got a vote against the anti-vaccination motion. After a number of persons had left, however, the discomfited Gibbites, or anti-vaccinationists, got a vote against the greatest medical blessing that was ever conferred on men.

SCURVY, AND THE MERCHANT SHIPPING ACT.

AN official return will shortly appear indicating the condition of the mercantile marine as regards scurvy, and it is anticipated that the *Dreadnought* statistics will show a considerable diminution in the number of cases admitted since the Merchant Shipping Act of 1867 came into operation.

WE are informed that the Lords of the Admiralty will give the Seamen's Hospital Society permission to occupy the infirmary of Greenwich Hospital immediately, and that in consequence, the *Dreadnought* will be removed from the river early in the spring of this year.

DR. GUY, the newly appointed Professor of Hygiene at King's College, will commence on Monday, Jan. 31st, at 8 P.M., a course of eight lectures on the Prevalent and Fatal Diseases of the English Population from the Earliest Times to the Close of the Eighteenth Century. The course will be given on successive Monday evenings at King's College. University and King's Colleges have now set an example which we trust will be followed without delay by all other medical schools.

ON the 27th of December, the large new Lock Hospital, which has been erected at Chatham by the Government at an expense of between £9000 and £10,000, was formally opened. The new hospital, which occupies a commanding site on the outskirts of Chatham, will afford accommodation, in the first instance, for 100 patients; but this number can be considerably increased, should occasion require it. The hospital is intended for the patients confined under the Contagious Diseases Act from Chatham, Gravesend, Maidstone, and, ultimately, Sheerness.

A LETTER from Dr. Trench, in the *Liverpool Albion*, states that, in answer to an appeal, £2035 have been either received or promised for the completion of the Mortuary Chapel in Collingwood-street; consequently, this important sanitary work will be now proceeded with as soon as possible.

M. DELANGLE, the former Minister of Justice, who has just died in Paris at the age of seventy-three, was, like Marshal Neil, a sufferer from stone. The efforts of M. Nélaton and Professor Axenfeld, his two medical attendants, to avoid a fatal issue of the case, have been unavailing.

THE wills of the late Dr. W. H. Colborne, of Chippenham, and Mr. John Gay, of Swindon, have been proved in the Salisbury District Registry of the Court of Probate, the personalty of the former being sworn under £10,000, and of the latter under £14,000.

MORE than four thousand deaths have been registered from scarlet fever in London within the last six months.

WE recently noticed that the guardians of the poor of the York Union had largely increased their hospital accommodation by the erection of three blocks of buildings, affording space for two hundred beds. They have followed up this work by strengthening their nursing staff and appointing a dispenser, and by resolving that hereafter the drugs required shall all be provided at the cost of the union.

A SUM of £92 has been paid by J. C. Eno to the treasurer of the Newcastle Dispensary, being the nett proceeds of Mr. J. M. Bellew's "Readings."

THE Eleventh Annual Report of the Home Secretary, on the execution of the Local Government Act, and of the Sanitary and Sewage Utilisation Acts, during the year ending Aug. 1st, 1869, has just appeared. It is a mere list of places in which the Acts have been applied; and gives no particulars of any of the inquiries held by the inspectors, as it ought, we think, to do.

PROFESSOR FRANKLAND reports that the samples of the Lambeth, Chelsea, and East London Companies' waters, examined by him during the last month, all contained living organisms. The Lambeth water is said to have been "very turbid and unfit for domestic use without previous filtration."

WE are glad to learn, on the authority of a letter in the *Western Morning News* from Mr. Square, surgeon to the Plymouth Eye Infirmary, that the late accident to Dr. Preston, of Brent, is not so serious as was supposed. Mr. Square says that the shot did not penetrate the eye at all, and he anticipates a good recovery.

THE deaths from scarlet fever last week in London were 123, being by far the smallest weekly number recorded since August last.

THE ADMINISTRATION OF AMERICAN CHARITIES.

IT is a matter of great satisfaction to announce, at the beginning of a new year, the completion of arrangements which will, as we hope and believe, bring our British, American, and Canadian readers into closer communion. We are sure that much practical knowledge may be exchanged with our Transatlantic brethren; and as we know that they have always received favourably our contributions to science, so should we be glad to learn much from them in the way of good practical administration. For it is to be remembered that the Americans have always been a highly practical people, and a visit to the various institutions in and around New York, as well as those of other States and cities in that vast continent, proves that we may glean many useful hints from the eminently systematic mode in which the working of large establishments is conducted. It is not, perhaps, known to many of our British readers that the public charities and correctional establishments of the city of New York are unitedly administered by a body of Commissioners. These establishments include prisons, hospitals, idiot, lunatic, blind, and orphan asylums, workhouses, almshouses, nurseries, penitentiaries, cemeteries, and a labour bureau. The general hospitals (two of which have been lately described in THE LANCET), are situated within the city; but those for the reception of fever, epileptic, small-pox, incurable, lunatic, and other special cases, are located on several islands east of, but tolerably close to, the capital. The Commissioners devote their whole time to official duty, and visit the buildings daily. Each of the hospitals is provided with paid resident officers, and all the general establishments are supervised by resident superintendents. It is also a specially noteworthy feature that a very important officer exists in the person of a medical inspector, whose duty it is to visit the establishments at least once a week, to point out to the resident medical officers any dereliction of duty, waste of material, or other irregularity, and, if such be not remedied, to report to the Commissioners. We took occasion to visit all these institutions in the summer of last year, and are persuaded that their working arrangements will, with one or two exceptions, contrast favourably with our own establishments. The nurseries are excellently arranged, though the mortality of infants is reported to be very great, due probably, in many instances, to hereditary causes alone. The small-pox hospital is situated at the southern extremity of Blackwell's Island, and can be ventilated by all four winds. It was a matter of regret to notice that, in a new hospital just finished, and built on the pavilion system, the closets were placed in the centre of a large double ward, so that it is almost impossible to avoid ventilation into the latter. This by the way.

We have directed attention to these institutions for the purpose of showing that, according to our own knowledge and belief, centralisation is the great key to administrative success. These establishments are conducted practically by a small body of energetic men, who direct the working of their superintendents and resident medical officers, and obtain from the medical inspector, who acts very judiciously as middleman, such information as can only be gleaned from an active professional man. A general rate is levied to defray the total cost of these establishments, and it is reported that the expenses are very large indeed. But there can be no doubt that efficiency is best promoted by an administrative staff of paid officials, responsible to paid chiefs; and though we are not fortunate enough to possess, as do the New Yorkers, a series of little islands close to our own city, on which to locate the sick, suffering, dangerous, desperate, and destitute classes of the community, many lessons may be learnt, and much may be done, if the authorities at Gwydyr House, and those entrusted with the conduct of our own public hospitals, choose to take a leaf out of the book of the Commissioners of Public Charities and Correction of New York city.

We shall take occasion, shortly, to describe a very admirable hospital recently constructed by the Commission of Emigration, and also the Seamen's Retreat, on Staten Island.

Correspondence.

"Audi alteram partem."

MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—In his address on Medical Ethics, delivered at the Meath Hospital on the 1st of November, 1869, Dr. Stokes makes the following statement:—"We have heard much of the necessity of determining the minimum of knowledge that would justify the granting of a licence, and the Medical Council have long been pressed to declare it,—a most miserable function for a Council of Education to undertake."

In reply to my respected friend, I would ask, Can the Medical Council have a more honourable or responsible duty than protecting the health and lives of her Majesty's subjects from the injurious effects of ignorance and incompetency? The late Dr. Faraday, during an excursion in Wales, happened to require some muriatic acid, and applied for it at the shop of a doctor, who said he had none, but offered nitric acid instead, insisting, even after a reference to the Pharmacopœia, that the two were the same. "Is it not strange," says Faraday, "that a man so ignorant of his profession should still appear respectable in it, or that one so incompetent should be entrusted with the health and lives of his fellow-creatures? Had I seen nothing more than his haughty dictatorial behaviour to a poor woman who came in with a prescription and a bottle in her hand, I should have concluded him to be a man who had attained the utmost knowledge of and confidence in his art; seeing what I did, I cannot enough condemn the being who, with such ignorance, still apes the importance of highest wisdom, and who, without a knowledge even of the first requisites to an honourable but dangerous profession, assumed to himself its credit and its power, and dashed at once upon human life with all the means of destruction about him, and the most perfect ignorance of their force."*

It is true that this happened more than forty years ago, and that since then there has been much improvement in our profession; but even now I believe it would not be difficult to find a village Æsculapius fully deserving of Dr. Faraday's censure.

The Medical Act says nothing of a "minimum," but forbids the registration of any whose course of study and examinations are not such as to secure possession of the requisite knowledge and skill for the efficient practice of their profession. So that three questions thus present themselves:—First, What is the requisite amount of knowledge and skill? secondly, How is it to be acquired? and thirdly, How is its possession to be ascertained?

With regard to the first of these questions, there can be no hesitation in requiring a thorough acquaintance with the structure of the human body, the uses of its various parts, so far as they are known, and also a knowledge of the derangements of function and structure which may proceed from injury or disease, and the means that may be employed for their remedy, together with the manual skill and principles of treatment required in practice. But if the requisite amount of knowledge and skill can be so distinctly defined, it is plain that the minimum and maximum must be the same, and it is only when the means of instruction are taken as the measure of proficiency—in other words, when the student's attainments are supposed to depend upon the number of lectures attended, that the extent of medical education can be regarded as variable.

Now my experience as a teacher, and personal recollections as a student, lead me to believe that no amount of attendance on lectures can ever supersede the effects of individual exertion which result from the desire and power to learn, upon which must always depend the extent of real knowledge possessed. The mind, like the body, must be nourished from within, and not from without. The food supplied to either, however wholesome and abundant, unless it meets with a sound digestion, will not be assimilated, or produce force and vigour. While, therefore, it is doubt-

* Life of Faraday, by Dr. Bence Jones, vol. i., p. 196.

less proper to ascertain that candidates for a medical licence are afforded full opportunities for the acquisition of knowledge and skill, the actual possession of it must be determined by tests so stringent as to prevent any risk of uncertainty or mistake.

The process of examination has of late years been much improved, by conducting it partly in writing, instead of being entirely oral as formerly, but also by placing subjects of question before the eyes, and in the hands, of candidates. Having assumed this practical character, the examinations will, it is hoped, be carried on more extensively in the dissecting-room, laboratory, and hospital. But there is reason to fear that the result will not be altogether satisfactory so long as teachers examine their own pupils, who, in order to propitiate their examiners, will be induced to adopt opinions which they might not otherwise have entertained, and also to waste time by attending lectures without any view to advantage being obtained by doing so. If each school has one or more examining boards, it will also be impossible to effect equality in the measure of fitness. For these reasons I feel inclined to agree with those who think that there should be one examining board for each of the three divisions of the kingdom, appointed and paid by Government, who might prevent anyone from entering the profession without the requisite knowledge and skill, and leave all licensed practitioners at full liberty to acquire higher titles, founded upon literary attainments, prolonged experience, or other claims of a similar kind.

I am Sir, your obedient servant,

Edinburgh, Dec. 25, 1869. JAMES SYME.

HOMŒOPATHY IN SOUTHAMPTON.

To the Editor of THE LANCET.

SIR,—From your remarks, under the title of "Homœopathy in Southampton," I think you must have been misinformed as to what took place at the meeting of the Southampton Dispensary, of which I am the senior medical officer. I did not advocate homœopathy, nor did I say that its treatment was superior to that of ordinary medicine. I only endeavoured to point out that it was making vast strides among members of standing in our own profession, and also with the public; that there was a gradual but notable advance of both systems towards each other, and to foster this would promote medical science. As there were two vacancies in the medical staff of the Dispensary, which, for the efficient working of the establishment, it was necessary to fill up, and as Dr. Cooper was the only candidate, I proposed that he should be elected; believing that by so doing I was acting more in accordance with the liberal and progressive spirit of the age, than by adopting the course of my colleagues—viz., denouncing homœopathy as a system of "quackery" and "fraud."

I repeatedly affirmed at the Dispensary meeting that I was not a convert to homœopathy, and none but a pervert can affirm to the contrary.

I am, Sir, your obedient servant,

Southampton, Dec. 20, 1869. JOHN H. ALDRIDGE.

P.S.—Will you kindly give this the same publicity you did to your remarks denouncing my conduct.

*** We are willing to acquit our correspondent of any intentional impropriety of conduct. But he is labouring under the most extraordinary delusion if he thinks that any of the leaders of medical progress are more inclined than formerly to think that the principles of homœopathy are sound. On the contrary, every day is showing more clearly the utter worthlessness of such dogmas as *similia similibus*. If, as is true, there is a greater disposition than formerly among the better class of minds in the regular profession to abstain from vehement abuse of homœopathy, that is because the great advances which our scientific knowledge has made have opened the eyes of the orthodox to the fact that they, too, have been formerly guilty of many absurd therapeutical errors, based on misleading *à priori* notions; and the consciousness of this makes them more charitable to the blunders of individual homœopaths. But the principles of homœopathy are more emphatically condemned than ever: and men of really scientific training, however much they may desire to be personally courteous and fair, find it more impossible than ever to co-operate in practice with men who avowedly base their whole system of therapeutics on principles which are repugnant to common sense, when examined by the light of modern physiology.—ED. L.

Foreign Medical Intelligence.

THE formal opening of the Italian Universities for the academical year 1869-1870 has been effected with great success. At Palermo, Professor Luigi Mercartini delivered an eloquent discourse on the question of popular Italian literature. At the opening of the Turin School of Medicine the conduct of the students was so unruly that Professor Buniva, who had commenced to read the inaugural address, was obliged to discontinue his lecture. The sitting was then suddenly broken up, and the Minister of Public Instruction postponed the resumption of all the lectures at the Faculty.

On the occasion of a recent *concours* at Palermo for the nomination of a surgeon to the chair of Surgical Operations at the Palermo Faculty, the jury, composed of Professors Cipriani, Vanzetti, Porta, Burci, and Pantaleo, took a most extraordinary course. It declared that it could appoint no one to the post on account of the *weakness* shown by all the candidates; and this notwithstanding the presence among the competitors of Prof. Virniceni, of Naples, who has already filled several hospital appointments, who has written several important surgical works, and who bears throughout the whole of Italy the reputation of a most able surgeon and operator.

The epidemic of cholera which recently broke out at Kiew, and gave rise to some fears as to the possibility of its extension to the west of Europe, has now completely died out. Professor Pelikan, of St. Petersburg, the chief of the epidemiological service of Russia, has officially notified the fact to the French Government, through M. Fauvel, who occupies a similar post in France. This gentleman has made an interesting communication on the subject to the Paris Academy of Medicine, and has given full assurance that there cannot exist at present any fear of a choleraic contamination coming either from Russia or the East. It appears that the epidemic of Kiew broke out among a colony of armourers of the town, and was at first considered as a series of sporadic cases. It then took some extension, and on Dec. 11th there had been reported as many as 63 deaths in the hospitals, and 59 in the general population of Kiew. There can be no doubt, consequently, that the disease had assumed an epidemic form. But the outbreak was extremely mild and unimportant, as compared with the extent of population. On the 15th cholera had completely disappeared from the locality. As no traces of importation could be observed to account for the outbreak of the disease, M. Fauvel considers this as an instance that an epidemic of cholera may leave seeds behind which, aided by certain climatic or insanitary conditions, may germinate, and give rise to a sort of limited epidemic, which never attains any great intensity, and dies out on the spot. The epidemic at Kiew would then be a vestige of the last choleraic visitation, and would show, according to M. Fauvel, that the scourge is not yet acclimatised in Europe.

One of the most gratifying consequences of the recent Medical Congress at Florence is certainly the institution of an Italian Ophthalmological Association. Dr. Alessandro Quadri, of Naples, who unfortunately died only a short time since, had been most influential in the carrying out of this valuable idea. The first meeting took place on the 24th of September last, when it was decided that the Association shall meet once every year, to discuss ophthalmological questions of interest. The next meeting will take place on September 20th, 1870, and the following questions have been proposed as worthy of being prepared for the occasion:—1. Determination of the value of paracentesis of the cornea in various eye diseases. 2. On the value of the application of electricity as a remedial agent in diseases of the eye. 3. On the advantages which may be obtained by hypodermic injections in ophthalmic diseases. 4. On the

cause and effects of ocular tension. 5. To direct the attention of practitioners towards the adoption of a constant method of treatment in diseases of the lachrymal passages, by carefully stating and gathering facts, &c. 6. On the morbid processes which may bring on atrophy of the optic nerve.

The seventh edition of the Swedish Pharmacopœia is announced in Stockholm. It will be published in Latin, so as to be accessible to the profession at large, and will form a large volume of 271 pages.

Baron de Rothschild, of Paris, had expressed the desire during his life of founding a maritime hospital on the coast of France, and like the one now existing at Berck for scrofulous Israelitish sufferers. It is said that his heirs are now preparing to carry out this charitable resolution.

In Austria the prescription which precluded all Jewish surgeons from public nosocomial appointments has just been raised, and Dr. Mauthner has been elected Professor of Ophthalmology at the Innspruck Faculty.

The Turin municipality has decided to adopt a resolution voted by the Medical Congress of Florence, and to have two distinct orders of medical officers instead of one. Until now the same medical men who were appointed to visit the poor were entrusted with the duty of reporting deaths in town. The inconveniences of this system, particularly in view of the unfortunate poor, were pointed out by the Congress, and are now to be done away with.

The Medical and Chirurgical Society of Madrid, which had carefully kept its doors closed during all the recent political changes in Spain, has at length decided to resume its sittings. The Royal Academy of Medicine of Madrid, which had also shown considerable resistance to the new order of things, has come to terms, and has even accepted a sum of money from the present Government to aid in meeting its expenses.

The system of *concours*, or public competition, among the whole body of students for the appointments of house-surgeons to the hospitals, as it now reigns in Paris, is about to be applied to the hospitals of Turin.

SANITARY AND METEOROLOGICAL BULLETIN OF THE CONTINENT.

The weather over the whole of the Continent is marked by the most sudden transitions of temperature. Bleak winds prevail everywhere, and the weather has been so stormy in the Mediterranean that the ships have been obliged to remain in port. Snow is also frequent, and is now observed even in the cities of the south. Bronchitis, pneumonia, rheumatism, &c., therefore form the most important features of the health bills of the larger European cities. The mortality in Paris has been great during the last week, and out of a total number of 995 deaths, there are 161 cases of pneumonia and bronchitis. Cases of pleurisy and rheumatism are now extremely frequent at Lyons. Influenza is prevailing at Marseilles, but the health condition of the city is otherwise good. There still reigns an epidemic of variola in Paris, which, in the less healthy parts of the town, assumes a somewhat severe form. In Germany, affections of the respiratory organs now form the main stock of disease; but cases of diarrhœa and dysentery continue to be frequent in Berlin, Vienna, &c. The health condition of Florence is, at present, good. A few exceptional cases of typhoid fever were recorded last week; the last death bill also mentions a few cases of heart disease. Accounts from Rome state that the holy city now enjoys fair weather and a mild climate—a fact which is fortunate for the Council of the Fathers and the numerous travellers it has attracted to Rome.

CONTINENTAL APPOINTMENTS.

France.

We have much pleasure in recording the recent election of M. Giraldès to a seat in the Paris Academy of Medicine. M. Giraldès is a highly distinguished French surgeon, and is well known for his great learning, and particularly his thorough acquaintance with English medical literature. His recent publication on the Surgical Diseases of Children is a most excellent clinical treatise.

M. P. Bert has been appointed to succeed Professor Claude Bernard in the Chair of Physiology at the Paris Faculty of Sciences.

Professor Wurtz, the Dean of the Paris School of Medicine, has just been elected to the Vice-presidency of the Academy of Medicine, and will, therefore, be President of that learned Society next year.

Italy.

A chair of Anthropology has just been specially instituted at the Florence University for Professor P. Mantegazza, the eminent Italian physiologist.

Professors Bruno and Timermans, of Turin, have been nominated knight commanders of the orders of St. Maurice and the Crown of Italy.

Portugal.

A *concours* has recently taken place at Lisbon, for the appointment of a physician extraordinary to the San José Hospital, the chief nosocomial institution of the city. The jury was composed of four members, and presided over by Don José de Gouveia. The competitors, Doctors da Silva Amado and da Silva Beiraô, gave proof of great abilities, and the former was chosen for the post.

Spain.

The Spanish government has conferred upon two distinguished medical professors of Madrid the Grand Cross of the order of Isabella the Catholic. One of the new knights, Dr. Jose Camps y Camps, is the Dean of the School of Pharmacy; the other Dr. Rioz y Pedraja, is professor of chemistry at the same institution. The former has distinguished himself by his teaching and writings, and, besides, has been a member of the Cortes and of the Council of Public Instruction; the latter has done much to promote the study of organic chemistry in Spain, and has formed part of a large number of hygienic and sanitary committees.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

EPIDEMIC OF PUERPERAL FEVER AND TYPHOID FEVER AT THE HÔPITAL ST. ANTOINE.

DURING the last two months, a severe epidemic of typhoid fever prevailed in the obstetrical wards of the Hôpital St. Antoine. The administration of the hospital at length took the determination of emptying the wards completely. During nine days they remained closed; the walls were whitewashed, and a few beds changed. They were then thrown open once more to pregnant women, and, strange to say, since that time not one case of puerperal fever has been returned. M. Lorain, who has charge of this department, expresses his surprise at the occurrence, and considers the contagious matter or miasm is of so light a kind that it will never be detected. He contends that if it were of a palpable or material description it would have stuck to the flooring and bedding, which remained untouched, and would have produced a recurrence of the epidemic. M. Lorain has at present an epidemic of typhoid fever in his other wards at St. Antoine, and has observed two remarkable cases of return of the disease after convalescence. It may be questioned, however, whether they were not simply instances of relapse.

ON THE COURSE TO BE ADOPTED IN CASES OF ARTERIO-VENOUS ANEURISMS.

M. Verneuil, of Lariboisière Hospital, has brought forward an interesting case of arterio-venous aneurism at the Imperial Society of Surgery. The patient had received a shot from a Lefaucheux revolver in the left lateral side of the cervical region. Signs of an arterio-venous aneurism were soon observed. M. Verneuil contented himself with prescribing complete immobility of the neck and the application of the ice-bag, together with strong doses of aconite and digitalis. On the seventh or eighth day the man could resume his usual occupations. Signs of aneurism persist, though of moderate intensity. What was the course now to be adopted? Such was the question put to the members by M. Verneuil at the last sitting of the Society. The answer was almost unanimously in favour of expectancy. M. Lefort related the particulars of eight cases. In six of the cases expectancy had been completely successful; in the other two, where an operation had been practised, the issue had been fatal. Three years ago the Society had already advocated expectancy in answer to a

similar question put by M. Letenneur, a surgeon of Nantes. The case was one of communication between the brachio-cephalic trunk and the subclavian vein. Expectancy was, therefore, practised, and now the wounded man is in excellent health.

HYDRATE OF CHLORAL IN ITALY.

Professor Namias, the well-known surgeon of Venice, has just addressed to one of the medical societies of that city a relation of his experiments with hydrate of chloral at the clinique of Venice. M. Namias has never observed the occurrence of eschars in hypodermic injections of the substance when only one gramme was injected with double the quantity of distilled water. The effects have always been speedy and excellent. They were especially so in one case of suborbitary neuralgia, and in various cases of muscular rheumatism, thoracic hyperæsthesia, in phthisical patients, &c. M. Namias ascribes these beneficial results to the good quality of the chloral, prepared by Cioni. He has also tried the substance through the alimentary canal in doses of from eight to ten grammes a day, given in six or eight times, at intervals of two hours, and during several days consecutively. The effects were invariably excellent, and were unattended by arterial tension or undue frequency of pulse.

Obituary.

THOMAS G. GEOGHEGAN, M.D., F.R.C.S.I.

WE record with great regret the death of another eminent member of our profession, Dr. T. G. Geoghegan, who died suddenly at his residence in Upper Merrion-street, Dublin, on Christmas day, whilst in his bath. Dr. Geoghegan was a M.D. Glasgow; Fellow of the Royal College of Surgeons, Ireland; Member of the Surgical Society, Ireland; hon. member of the Montreal Natural History Society, and the New York Medical Society; Professor of Medical Jurisprudence to the College of Surgeons; Surgeon to the City of Dublin Hospital, and to the Hospital for Incurables. Dr. Geoghegan had attained a very high reputation as an authority on Forensic Medicine, and had published several valuable papers on that subject, as well as on various branches of surgery. His contributions to the medical journals were numerous, and evinced a thorough mastery of the subject he wrote on. His views were those of an eminently practical surgeon, and obtained for him a reputation far beyond the limits of his own country.

WILLIAM CATHROW, F.R.C.S.

THIS gentleman was born at Hoddesden, Herts, and was third son of George Cathrow, Esq. He was educated at St. George's Hospital, having been previously apprenticed to Sir John Fisher, late head surgeon to the Metropolitan Police. After attending the Hôtel Dieu at Paris, he became house-surgeon to the Marylebone Infirmary during the first visitation of the cholera, in 1832.

In 1834 he commenced private practice at 42, Weymouth-street, Portland-place, and for upwards of 30 years had a most extensive clientelle in the parish of Marylebone. In the sick room his quiet, genial, but persuasive manner won him the confidence of his patients. He had many suggestions to offer which observation taught him could relieve suffering, and, which are so thoroughly appreciated by the invalid. Perhaps few men gave themselves less recreation till towards the year 1868, when he retired from practice, and went to reside at Stoke, in Buckinghamshire, in the neighbourhood of a large tract of sandy unenclosed land, and there enjoyed the society of a little colony of retired medical men; hence the locality became known as "Doctors' Commons." Among his other appointments he was honorary visiting apothecary to the Middlesex Hospital, medical attendant to the French Protestant School in Bloomsbury; he took an active part in the administration of the Society for the Relief of Widows and Orphans of Medical Men. He was struck down by apoplexy without any premonitory symptoms, and died on the 15th December, 1869, in the 63rd year of his age. He was buried in the Stoke Pogis Churchyard, immortalized by Gray in his Elegy. His was a singularly peaceful, uneventful life. By his uniform kindness to all, he became in nearly every case the *friend* of the family as well as the doctor. He never turned away from the poor or destitute, but whether in his London practice, or after his retirement in his home at Stoke, or in the wild glens of the Highlands, he went about doing good, and has left the name of the "Good Doctor" behind him.

DR. HERMANN VELTEN,

(OF AIX-LA-CHAPELLE.)

THIS physician, who was doubtless well known to many of our readers, died on the 17th of December, at the age of fifty-six, the immediate cause of death being a subacute inflammation of the lungs, which had existed for about a fortnight. Dr. Velten, however, had been breaking since he left Rome last year, and his health was never really re-established, although he continued to see his patients until five days before he died. The deceased physician was much respected, and his remains were followed to the grave by a large concourse of friends and neighbours. He leaves a son, Dr. Robert Velten, who will carry on the practice enjoyed by his father.

MR. H. M. FOTHERGILL.

WE regret so soon again to be called upon to announce that another young and promising member of our profession has been carried off by disease contracted in the exercise of his duties as a public medical officer. A few months ago Mr. H. M. Fothergill was appointed resident surgeon of the Isle of Man General Hospital and Dispensary at Douglas; and it seems that, there being latterly a good many fever patients in the house, he was ceaseless in his attention to them, and eventually caught from one of the cases a very malignant type of fever, which in a short time resulted fatally to himself. Mr. Fothergill was only twenty-seven years of age, and his untimely death, in the diligent performance of his duty, the *Manx Sun* says, has awakened a lively sympathy throughout the island.

WE have to record the death of several distinguished medical men on the Continent. In Belgium, of Dr. Broekx, the celebrated historian of Belgian medicine; in France, of Dr. Boullay, the only remaining foundation member of the Paris Academy of Medicine, which was instituted in 1820; in Italy, of the celebrated Professor and Senator, Lorenzo Cantù, who, during several years, was Professor of Chemistry at the University of Turin, and who, on the death of Riberi, obtained the post of first physician to the King and Royal family. To these men of note, we must add the names of Dr. A. Lefèvre, of France, Inspector of the Marine Sanitary Service at Brest, and of Dr. Piombini, of Ferrara, and Dr. Crescimbini, of Bologna.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Dec. 23rd, 1869:

Chambers, Edward William, Robert-street, N.W.
Colman, Thomas Henry, Wymondham.
Connolly, Benjamin Bloomfield, Woolwich.
Darby, John Thomas, Derby.
Davenhill, Robert Septimus, Wolverhampton.
Dutt, Russick Lull, Robert-street, N.W.
Eager, Wilson, Guildford.
Gamble, Charles Edward, Fulneck, near Leeds.
Gilhooley, Roderick Joseph, Gloucester-road, N.W.
May, Thomas, Stoke Lyne, Bicester.
Miller, Frederick Montague, Stoke Newington.
Parkinson, Charles Henry Watts, Wimborne Minster.
Parsons, Sidney, Wells, Somerset.
Roberts, Owen, Notting-hill.
Semple, Charles Edward Armand, Torrington-square.
Williamson, John Gover, Holford-square.
Tothill, Thomas Henry Frederick, Parkfield, Topsham.
Turner, Henry Gunton, Oxenbourne, Petersfield.

The following gentlemen also on the same day passed their first professional examination:—

Chinery, Charles Warner, St. Thomas's Hospital.
Eagle, Henry Frederick Charles, London Hospital.

CAMBRIDGE UNIVERSITY: NATURAL SCIENCES TRIPOS. Examiners: J. D. Hooker, LL.D.; W. H. Miller, M.A., Professor of Mineralogy; Osmond Fisher, M.A., Jesus College; C. Trotter, M.A., Trinity College; J. B. Bradbury, M.B., Downing College.

First Class.

Ds. Watson, Queen's.

Second Class.

Ds. Kilner, St. John's.
Maxwell, King's.
Lupton, Trinity.
Lees, Trinity.
Stirling, Trinity.
Simpson, Caius.
Calliphronas, Caius.

Third Class.

Ds. Alliott, Pembroke.
Johnson, Jesus.
Banham, St. John's. } Eq.
Colvin, Trinity.
Young, A., Caius.

The following have acquitted themselves so as to deserve to be excused the general examination for the B.A. degree:—

Bedford, Queen's; Davies, Queen's; Duke, Corpus; Fletcher, Clare; Vores, Caius.

ST. GEORGE'S HOSPITAL. — Mr. Charles Hawkins has resigned the office of Treasurer to this hospital, which he has held for the last five years, whereupon the Governors have unanimously passed the following highly flattering resolution:—"The Weekly Board have received with great regret the resignation of their much-esteemed colleague, Charles Hawkins, Esq., of the office of Treasurer of the hospital. In accepting such resignation, they feel bound to express their deep sense of the benefits he has rendered to the hospital, not only in the responsible office of Treasurer, but for so long a period previously in the various matters connected with the arrangements and well-being of the hospital. And the Weekly Board are gratified to learn that they are still likely to be assisted by his valuable knowledge and experience."

THE LORD RECTOR OF ABERDEEN UNIVERSITY. — Mr. Grant Duff and Sir William Stirling Maxwell divided the votes of the four "nations" of the Undergraduates in nearly equal proportions, and the result is what is called a "tie." The casting vote is vested in the Lord Chancellor, who happens to be the Duke of Richmond. His Grace, as a member of Mr. Disraeli's Cabinet, may be expected to declare for Sir William Stirling Maxwell; but, as we have already remarked, the two candidates are each so well fitted for the post that it matters little on whom the honour of holding it may fall.

THE KING OF ITALY'S RECOVERY: ACKNOWLEDGMENTS TO HIS PHYSICIANS.—Dr. Adami, made Knight Commander of the Crown of Italy, with a chronometer set in brilliants with the King's monogram. Professors Cipriani and Bruno, made Knight Commanders of the same order, and appointed Physicians to his Majesty. Professor Landi, made officer of the Order of St. Mauritius and Lazarus, and appointed Consulting Surgeon to the King. Professor Fedeli, Knight Commander of the Crown of Italy, with a snuff-box set with brilliants.

THE CHADWICK MEMORIAL. — A meeting of the sub-committee for the erection of the statue of Dr. Chadwick, at Bolton, was held last week, when communications were received from Mr. Birch, the artist to whom the execution of the work has been entrusted. A design for the relief on the pedestal was approved, and, at the artist's suggestion, it was decided that the pedestal itself should be of Cornish granite, which will entail an addition of £50 to the cost of the memorial.

PRESTON MEDICAL SOCIETY.—At a special meeting of this Society the following were appointed officers for the year 1870:—President: W. Howitt, Esq. Vice-Presidents: Drs. Gilbertson, Hammond, and Spencer. Committee: Dr. Arminson, Mr. Rigby, and Dr. Smith. Hon. Secretary and Treasurer: Mr. John H. Gornall.

NORTH STAFFORDSHIRE INFIRMARY, HARTSHILL, STOKE-UPON-TRENT.—On Thursday, the 23rd ult., the medical men of this district, including those of Stafford, Stone, Leek, Uttoxeter, and neighbouring towns, were invited by the medical staff of the above Infirmary to attend the first operation to be performed in the new building, and to inspect the institution generally. There was a numerous attendance of medical men in answer to this invitation. At the luncheon which followed, the senior member of the staff (Mr. Folker) expressed the pleasure the Infirmary officers had in welcoming so many of their *confrères*, and invited their attendance on all future occasions.

Medical Appointments.

ALLEN, J., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Ripley, Derbyshire.

BARTLET, J. H., M.D., has been appointed a Surgeon to the East Suffolk and Ipswich Hospital, vice Charles Chambers Hammond, M.R.C.S.E., resigned.

BOWES, W., M.R.C.S.E., has been elected Surgeon to the Loyal Victoria Lodge of Odd Fellows, Turner's-hill, Sussex.

COLMAN, W. T., M.R.C.S.E., has been appointed a Surgeon-Accoucheur to the Brighton and Hove Lying-in Institution and Dispensary for Diseases of Women and Children, vice J. N. Winter, M.R.C.S.E., resigned.

CONNOLLY, P., L.K.Q.C.P.I., has been appointed Medical Officer to the Workhouse of the Dunshaughlin Union, Co. Meath, vice W. C. Byrne, L.R.C.S.I., resigned.

CRISP, Mr. J. L., has been appointed House-Surgeon to the South Shields Dispensary, vice Gowans, resigned.

DANIELL, W. C., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 2 and the Workhouse of the Potterspury Union, Northamptonshire, vice C. Whitton, M.D., resigned.

DELANEY, M., L.R.C.P.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Garristown Dispensary District of the Dunshaughlin Union, Co. Meath, vice W. C. Byrne, L.R.C.S.I., resigned.

ELLISTON, W. A., M.D., has been appointed a Surgeon to the East Suffolk and Ipswich Hospital, vice G. Bullen, F.R.C.S.E., resigned.

FARRAR, Mr. J., has been elected President of the Andersonian Medical Society, Glasgow.

JOHNSTON, A. C., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the United Parishes of Kilmurich and Lochgoilhead, Argyleshire, vice Galbraith, whose appointment has expired.

M'BEATH, W., M.D., has been appointed Medical Officer to the Polesworth District of the Atherstone Union, Warwickshire.

NAISMITH, W. J., M.B., has been appointed a Consulting Surgeon to the Ayr, Newton, and Wallacetown Dispensary and Fever Hospital, vice J. L. Mason, M.D.

NATHAN, H., M.R.C.S.E., has been appointed Medical Officer for the Weymouth District of the Weymouth Union, vice R. Griffin, M.R.C.S.E., deceased.

OSBORN, C., L.R.C.P.Ed., has been appointed Medical Officer for the South Bersted District of the Westhampnett Union, Sussex.

PARKES, Mr. H. W. K., has been appointed Medical Officer and Public Vaccinator for District No. 2 of the Abingdon Union and the Workhouse, vice D. Stone, M.R.C.S.E., deceased.

POWER, B. L., M.R.C.S.E., has been appointed Medical Officer for the Billingborough District of the Bourn Union, Lincolnshire.

RUSHER, J. G., M.R.C.S.E., has been re-elected Medical Officer for the Upton Snodsbury District of the Pershore Union.

SALZMANN, F. W., M.R.C.S.E., has been appointed a Surgeon-Accoucheur to the Brighton and Hove Lying-in Institution and Dispensary for Diseases of Women and Children, vice Joseph Dixon, M.R.C.S.E., resigned.

SAYER, T., M.D., has been appointed Medical Officer to the Workhouse at Kirkby Stephen, and Medical Officer and Public Vaccinator for the Kirkby Stephen District of the East Ward Union, Westmoreland, vice J. F. Henderson, M.D., resigned.

SLOAN, D., M.B., has been appointed Medical Officer and Public Vaccinator for the Parish of Sorn, Ayrshire, vice James Ballantine, M.D., deceased.

STEVENSON, R., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Parish of Irvine Ayrshire, vice W. King, L.F.P. & S. Glas., deceased.

STOCKWELL, Dr., has been appointed Resident Medical Superintendent at the Royal Infirmary Lunatic Asylum, Liverpool, vice E. Manley, M.B., appointed Medical Officer for the St. Michael District of the Township of Manchester.

WILLIAMS, O., L.K.Q.C.P.I., has been appointed Medical Officer for the new Holyhead Union Workhouse.

Births, Marriages, and Deaths.

BIRTHS.

COLTHURST.—On the 15th ult., at Tyr-Phil, Blackwood, Monmouthshire, the wife of J. B. Colthurst, M.R.C.S.E., of a son.

CRIBB.—On the 27th ult., at Bishops Stortford, Herts, the wife of Henry Cribb, L.R.C.P.I., of a son.

CURREY.—On the 15th ult., at Lismore, the wife of J. E. Currey, M.D., of a son.

HUNTER.—On the 21st ult., at Dartford, the wife of R. H. Hunter, M.R.C.S.E., of a daughter.

PEEBLES.—On the 13th ult., at Lower Gardiner-street, Dublin, the wife of Dr. W. B. Peebles, of a son.

ROBERTSON.—On the 26th ult., at Lasswade, the wife of Dr. Robertson, of a daughter.

ROBINSON.—On the 17th ult., at Kinsale, the wife of F. Robinson, M.D., Surgeon-Major Scots Fusilier Guards, of a son.

SEQUEIRA.—On the 19th ult., at Jewry-street, Aldgate, the wife of H. L. Sequeira, M.R.C.S.E., of a son.

MARRIAGES.

HART—GATES.—On the 1st ult., at New Shoreham, Sussex, Eugene John Hart, M.R.C.S.E., to Clara Jane, daughter of T. Gates, Esq.

HARWOOD—ASKEW.—On the 21st ult., at the Parish Church of St. John, Beckermet, Cumberland, Alfred Harwood, Surgeon, of Cleator, near Whitehaven, to Elizabeth (Lillie), eldest daughter of the late Rev. Joseph Askew, of Northleach, Gloucestershire, and Whitehaven, Cumberland.

MILLER—CREAM.—On the 21st ult., at Surbiton, Walter William Miller, M.D., of Eye, to Emily, widow of Charles Cream, Esq.

DEATHS.

ALEXANDER.—On the 15th ult., Thos. Alexander, M.D., of Montrose-street, Glasgow.
ATKINS.—On the 24th ult., Dr. J. B. Atkins, of Lordship-road, Stoke Newington, aged 67.
BLANSHARD.—On the 25th ult., at Westow Lordship, near Selby, Thomas Blanshard, M.D., aged 45. Friends will please accept this intimation.
BODINGTON.—On the 23rd ult., Caroline Mary Eaton Bodington, youngest child of G. Fowler Bodington, M.D., M.R.C.P., of Sutton Coldfield, Warwickshire, aged 2 years.
CHAPMAN.—On the 14th ult., G. Chapman, M.R.C.S.E., of Lingfield, Surrey, aged 79.
HUDSON.—On the 18th ult., Dr. Wm. Hudson, of Lower Mount-street, Dublin, aged 88.
MAUNSELL.—On the 8th of Nov., at the Camp, Cherat, Bengal, Robtert F. Maunsell, L.K.H.C.P.I., Staff Assistant-Surgeon Army.
WINN.—On the 18th ult., Walter James Winn, M.R.C.S.E., of Hartlepool, formerly of Manchester, aged 37.

BOOKS ETC. RECEIVED.

Dr. Leared on Imperfect Digestion.
Mr. Hill on the Essentials for Bandaging.
Dr. Vogel on the Diseases of Children.
Dr. Flint on the Physiology of Man.
Rev. A. N. Killick, the Student's Handbook in Mill's Logic.
Mr. Lowe on the Anatomy of the Blow-Fly.
The Chemist's and Druggist's Almanac for 1870.
Dr. King on the Present Tendency of Scientific Thought.
Dr. Pick's French Etymological Dictionary.
Cups and their Customs.
&c. &c. &c.

Medical Diary of the Week.

Monday, Jan. 3.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Coles will exhibit an Instrument for the Treatment of Femoral Aneurism by Pressure. — Mr. Marshall, "On a Case of Vesicular Mole." — Dr. Routh, "On the Treatment and Prevention of Scarlet Fever."

Tuesday, Jan. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light." (Juvenile Lectures.)
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. General Meeting for the Election of Officers.—The following Specimens will be exhibited:—Mr. A. B. Squire: True Leprosy. Dr. Dickinson: Pyelitis;—&c. &c.

Wednesday, Jan. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON. — 7 P.M. Special Council Meeting. — 8 P.M. Annual Meeting. — Dr. F. Daly, "On the Early Use of the Long Forceps."—Dr. A. E. Sansom, "On the Sulpho-Carbolates in the Treatment of certain Diseases of Children."—9 P.M. President's Address.

Thursday, Jan. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light." (Juvenile Lectures.)
HARVEIAN SOCIETY OF LONDON. — 8 P.M. Anniversary. Conversazione, President's Address, and Election of Officers.

Friday, Jan. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Jan. 8.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light." (Juvenile Lectures.)

NOTICE.

NEXT week will appear a Clinical Lecture "On Scarlet Fever," by Sir WILLIAM JENNER, Bart., M.D., F.R.S.

Notes, Short Comments, and Answers to Correspondents.

THE MILITARY MEDICAL SYSTEM OF THE FRENCH ARMY.

A CONTEMPORARY has called attention to an article in the last number of the *Revue des Deux Mondes*, by M. Laboulaye. From a result of a comparison with the United States, England, and other powers, M. Laboulaye makes out that the French system of medical administration is, next to the Russian, one of the worst. We are assured that the French soldier does not get a sufficient amount of animal food, that personal cleanliness is ignored, and that the barracks are ill-ventilated and overcrowded. While the mortality in the French army in times of peace is 10 per cent., among the rest of the population, old and young, it is only 5 per cent. Without endorsing all the statements put forward by M. Laboulaye, we may record our belief that there is a very considerable amount of truth in what he says. The medical and sanitary administration of the French army is very defective, and many of the barracks in which the troops are quartered are infinitely worse, in several respects, than those in which our troops are lodged. It is well known that towards the end of the Crimean campaign, when we had an army in the field that was equal to anything as far as the physical vigour of the men was concerned, our allies were in a worse plight from typhus, scurvy, and dysentery than we were during the notorious first Crimean winter. M. Laboulaye sees in the physical weakness of the French army, brought about by insufficient and improper food, bad sanitary arrangements, and inadequate medical attendance, an explanation of the inability of the French nation to secure the full benefits of their conquests. M. Laboulaye is wrong, however, in stating that the English army did not lose a surgeon during the Crimean war, while the French lost 82 out of 450 surgeons. We lost 56 military medical officers, including the civilians temporarily employed as such, during that campaign. The medical officers of the French army are, as a rule, wretchedly paid. The medical department, instead of being responsible for the management and administration of its own affairs, occupies a subordinate position, and is fettered by the control of other branches of the service, even in matters which ought rightly to come within its own peculiar province.

Nemo.—1. Our correspondent, as the new-comer, should call upon the medical practitioners in his vicinity.—2. Most objectionable.

PROFESSIONAL COURTESY.

To the Editor of THE LANCET.

SIR,—I beg to draw your attention to two letters which you kindly inserted in your impression of December 11th, written by me: the one addressed to yourself; and the other a copy of a letter addressed to a Mr. Jas. E. Lawrence, Surgeon, of Wandsworth, complaining of the unprofessional and uncourteous conduct of Mr. Lawrence towards myself; in reply to which you make the remark that "you defer giving your opinion until you have received an explanation from Mr. Lawrence of his alleged extraordinary conduct."

In your issue of last week (December 18th) I find that Mr. Lawrence has taken no notice either of my complaint or of your expressed wish for an explanation.

I now beg of you to give me your opinion upon this conduct; for I think it must be taken for granted that no truthful denial can be given, and that a very unprofessional and unwonted breach of manners and etiquette has in this instance taken place.

I remain, Sir, your obedient servant,
FREDK. DRUMMOND SMITH,
Medical Officer to the Wandsworth and Clapham Union Workhouse.

Grosvenor-terrace, Battersea, Dec. 22nd, 1869.

*** Mr. Lawrence's conduct is quite indefensible, as he himself appears to be aware. His silence shows that he has no excuse to urge or contradiction to give to Dr. Smith's statement. Mr. Lawrence has, we learn from the Medical Directory, been house-surgeon to a London hospital, and he must be quite aware, therefore, of the etiquette of large medical establishments. Simple courtesy would have led Mr. Lawrence to seek for Dr. Smith's acquiescence in his visit, and certainly no right as a ratepayer can authorise him to outrage by his impertinent inquiries all bounds of professional decency.

AQUAPUNCTURE.

IT has lately been proposed to inject water into the cellular tissue over regions where intense pain is felt, and it was found that actual relief was obtained. Comparative trials have, therefore, been made by Drs. Mallez and Pouillet with subcutaneous injections of water on the one hand, and solutions of morphia on the other; and they come to the conclusion that both relieve pain, the effect of the plain water being a little more evanescent than that of the narcotic solution. The aquapuncture is performed with a peculiar instrument, made by M. Matthieu, and seems to give more pain than the use of the ordinary hypodermic syringe.

MR. GOSCHEN AT MARYLEBONE WORKHOUSE.

ON Christmas-day the President of the Poor-law Board paid a sudden visit to the Marylebone Workhouse, when the inmates were in the act of partaking of the usual Christmas fare. We had the advantage of having visited the kitchen of this workhouse just before, and can testify to the quality of the roast beef and plum pudding. It is said that the President asked to see the able-bodied class; but, as the master observed, this workhouse is a large almshouse, in which there is scarcely a single male person able to do a fair day's work, and if there were, such a man would, in all probability, be unable to obtain employment, because his character was tainted. Mr. Goschen could not fail to be gratified with his visit, for the new sick wards are indeed excellent, and the occasion presented the most favourable side of the Poor-law system. If, however, the President desire to see the reverse of the picture, we would recommend him to pay a visit to some one of the stone-yards, where he will at this time find hundreds of half-clad men, sitting either under sheds or in the open air, with blue and pinched features, tearing oakum or breaking stones, but with such studied listlessness as only a pauper understands. Some of these men fall out sick every day, and few of them fully perform their appointed task. In fact, the labour-yard is little better than a manufactory of sickness and idleness, well calculated to qualify numerous individuals for the more comfortable quarters of the workhouse sick wards.

Dr. Rayner, J.P., (Stockport.)—The impunity with which such infamous productions are circulated is a disgraceful fact; but we do not see how we can aid our correspondent. Let him write to Colonel Henderson, forwarding the particulars, with the name and address of the individual.

Medicus.—No, it would not be valid.

A Student, (King's College.)—The first appointment was made at University College.

WE are obliged to postpone the letter of our Birmingham correspondent.

FEVER IN CARLISLE.

To the Editor of THE LANCET.

SIR,—At page 865 of THE LANCET for Dec. 18th, 1869, you ask, "Is there no sanitary supervision in Carlisle?" The answer cannot be compressed into a monosyllable; but I shall be as brief as possible to be explicit, and precision must not be sacrificed to brevity altogether, as many towns may be circumstanced as badly as, or worse than, Carlisle; and if so, you would render good service to the State generally, and to the Royal Sanitary Commission especially, by eliciting information from the readers of the cosmopolitan and all-powerful LANCET.

The only official for the purpose in question is the chief constable, who is allowed to act by proxy. He delegates the duty sometimes to one police constable, sometimes to another. Of course no policeman, private or chief all the same, can possibly discharge such duties more than he could those of a chemical professorship. In such cases ignorance is double-layered or two-plied; not only is the person ignorant, but he is totally unaware of the fact. Such is the effect of putting an average countryman into uniform, and dubbing him with a title, even but a fleeting one, and only conferred by a committee of the Municipal Council, composed of men possessing little, if any, more sanitary knowledge, and even less knowledge of the sickly and mortal "back slums," than he himself has. Such was the effect in this very case of the butcher's midden, under the window of the room in which all the five inmates took fever, two of the cases having ended in death, that—according to the printed report of the proceedings of the Carlisle Board of Health—the policeman, then acting as their inspector (!), gave his opinion, in opposition to my own and that of Dr. Sullivan, of the dispensary, exonerating the mass of putrefying animal matter beneath the window, and attributing the disease and mortality altogether to the filthy habits of the inmates, as evidenced, so far surely enough, by the ash-heap under the bed, in a room only one story from the ground, with ashpits at hand. Such is our "sanitary supervision," and I have no reason to believe that Carlisle is worse off in this respect than other towns, but much better than many or than most others. Our Board of Health is, of course, the Municipal Council, and the action of its so-called "Health Committee" is simply that of a Board of Works. The reins are held by the ratepayers, amongst whom are, of course, the nuisance-mongers. The offenders have an all-powerful influence in the election of their judges and juries, who are directly dependent upon them, and whom they can and do get rid of, in case of anyone, when elected, showing zeal and activity in the administration of the beneficent provisions of the Health Act and other sanitary statutes by a crusade against piggeries, cesspools, and the like, of which my own case affords a very notable example.

For other remarks, I would refer to the "Transactions" of the Social Science Congress at Belfast in 1867, at page 541.

Yours obediently,

Carlisle, Dec. 23rd, 1869. ROBERT ELLIOT, M.D.

MEDICAL RELIEF IN THE HIGHWORTH UNION.

THE guardians of the Highworth and Swindon Union have taken advantage of vacancies occurring in two of their medical districts—one by the death of Mr. Gay, and the other by the resignation of Dr. Griffith—to rearrange the districts so as to have a medical officer resident in the immediate vicinity of the workhouse, inconvenience having on some occasions arisen in this respect under the old arrangements of the union. It appears to have been generally admitted by the Board at their last meeting that the remuneration of £35 a year, which has hitherto been allowed to the medical officer attending the workhouse, is "totally inadequate" to the work entailed. But why, in the face of such a delightful and unusual concurrence of opinion, "no resolution was come to on the subject," our informant, the *North Wilts Herald*, does not say. The guardians, if they want their work well done, must surely see that their only course, after making such an admission, is to increase the pay forthwith.

THE TITLE OF "PHYSICIAN."

L.R.C.P. Ed., and other correspondents who have addressed us on this subject, shall be answered in our next number.

THE NEW YORK SCHOOLS OF MEDICINE.

WE have received from our New York correspondent a long and interesting account of the Schools of Medicine at New York, and regret that the pressure of other matter on our space leaves room only for the briefest possible abstract of its contents. There are in New York four regular Medical Colleges, with power to confer the degree of Doctor of Medicine. The conditions of graduation are: three years' study under the direction of a regular practitioner; attendance upon at least two full courses of lectures, the last of which must be at the school at which the degree is to be taken; the preparation of a thesis on a medical subject; the full age of twenty-one years; good moral character; and a satisfactory examination. The College of Physicians and Surgeons (now called the Old College) was founded in 1807. Next in point of age is the University Medical College, established in 1840. Then comes the Bellevue Hospital Medical College, established in 1861, and differing from the rest in being connected with an hospital, and in making clinical teaching an important part of its course. Lastly comes the Woman's Medical College of the New York Infirmary, founded by Drs. Elizabeth and Emily Blackwell in 1868. In the three first-named there are professorships for all the recognised special departments, such as Ophthalmology, Otology, Dermatology, Orthopædics, and the like, as well as for the older branches of medical instruction, and these are mostly held by the bearers of distinguished names. The Colleges are all flourishing, or, at least, are attended by numerous students.

E. H.—The practice varies in different places. The usual and perhaps the best course is for the new-comer to call on the older residents. But magnanimity is the great rule for such duties, as for most others.

THE *Lincolnshire Chronicle* hopes that the Lincoln police will be instructed to take action against the street distributors of "obscene medical pamphlets," similar to that which has been adopted at Manchester, where one of these distributors was the other day brought before the magistrates, and fined forty shillings.

Mr. Hugh Morgan, (Liverpool.)—We do not give private answers, and we cannot recommend anyone by name.

ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—It is almost like the "balm of Gilead" to read the note of "Paterfamilias" in your number of Dec. 4th, *in re* the Royal Medical Benevolent College. I congratulate him heartily on his idea of things as they should be, and which I fain would have brought about by communications in the medical press during years ranging back as far as 1858. It is about the only endorsement I have ever been of my own ideas therein expressed, and I heartily wish him "God speed" in his present suggestion, and trust he will be more successful in his appeal, as being still well bestowed upon such an invaluable institution.

Your obedient servant,

East Budham, Dec. 16th, 1869. FRED. MANEY.

HEALTH OF IRELAND.

FROM the Report of the Registrar-General for Ireland for the quarter ending September, we find that the number of paupers receiving out-door relief averaged weekly 17,104, and in-door relief 46,248. As regards the registration in that country, the Registrar-General says: "It is evident that the registration of births and deaths is very imperfect; the annual ratio of births to the *estimated* population in England being about 1 in 29 or 30, and of deaths of 1 in 44 or 45; whilst in Ireland, according to the present return, the ratios are—for births, 1 in 40·6; and for deaths, 1 in 74·1. The registration of marriages is still more unsatisfactory." As the registration is so defective, would it not be a good plan, in the case of deaths, to have a law that no body should be buried until a certificate of death had been handed to the officiating minister or officials connected with the place of interment?—a severe penalty being the result of an infringement of this regulation. Scarlatina was, we find, very prevalent during the quarter, nearly 400 *registered* deaths having occurred from this cause, and the cases, the registrars state, were frequent in which deaths from this affection were not registered at all.

Mr. John B. Key, (St. Andrew's, New Brunswick.)—We had not previously heard of the case of Key *v.* Thompson, and, of course, have not commented upon it; neither can we now comment upon an *ex-parte* statement. Our correspondent refers to an article "copied from the London LANCET." The title of this journal is "THE LANCET" only. The so-called "London LANCET" is a piratical print published somewhere in America.

THE LATE KING OF THE BELGIANS.

BY the favour of Sir Henry Thompson, we shall be enabled to lay before the readers of THE LANCET next week a full and detailed account of the case of the late King of the Belgians, drawn up by Drs. Koepl and Wimmer, his Majesty's immediate attendants. This authentic version of the late King's illness will clear up many misstatements respecting the treatment adopted, and will, no doubt, give the credit where it is due.

IMPERFORATE HYMEN: RETENTION OF MENSES.

To the Editor of THE LANCET.

SIR,—I should feel much obliged to Dr. Dryadale if he would kindly state his reasons for attributing the success of his operation, as described in your journal of the 11th inst., to the small original incision.

In a similar case which occurred in my practice a few months since, I at once made a very free incision through the distended membrane, and the girl recovered without a single unfavourable symptom.

Yours faithfully,

Mansfield, Dec. 13th, 1869. C. W. SPARKE.

THE LATE MR. PEABODY.

THE preservation of the remains of the late Mr. Peabody was entrusted to the hands of Dr. Pavy. The process carried out consisted in injecting the whole body through the arteries with a strong solution of arsenic, containing also some bichloride of mercury. Twenty-four hours afterwards another liquid, consisting of a saturated solution of tannic acid, was thrown in, with the view of effecting the gradual conversion of the gelatinous structures into the tanno-gelatine, or the basis of leather. None of the viscera were removed or disturbed; and before the opening into the chest, required for the injection practised through the aorta, was closed, an arsenical paste, or rather cream, consisting of arsenic, camphor, and spirit, was introduced into the thoracic cavity, and also through an opening in the diaphragm into the cavity of the abdomen, and freely distributed about. Death had taken place about two days and a half before the process was commenced, and decomposition had set in so as to produce great distension of the abdomen; but the process was found to check all this, and when completed all signs of a tendency to decomposition were removed. We may add that under the silk shroud and upon the floor of the coffin there was placed a bed of well-burnt animal charcoal.

Dr. A. F. Edwards, (Wiveliscombe, Somerset.)—The case is interesting, but hardly so unique as to call for publication.

Mr. Mercer.—We must refer our correspondent to our advertisement sheet.

ADDISON'S DISEASE WITHOUT BRONZING OF THE SKIN.

To the Editor of THE LANCET.

SIR,—Having read the article on this subject in your number of Dec. 11th, I am led to make a few remarks, being most interested in the subject of this disease, having made it a matter of investigation, and published an article in your columns, containing an account of two cases, with general remarks, both demonstrative and hypothetical.

There are several points connected with the case recorded by Mr. Power which it would be most satisfactory to be informed on.

1st. What *was* the actual cause of death?

2nd. What was the state of the spleen on post-mortem examination?

3rd. Was there any renal congestion to be observed?

In my mind the first and second questions are intimately connected, because both deep reflection on the pathology and supposed functions of the "vascular glands," as well as ocular observation of my two cases before alluded to, convince me that leucocythæmia, or an extreme splanchnæmic condition of the blood, is *the great cause of death* in supra-renal disease, and that patients labouring under it may be truly said to die of "anæmia," notwithstanding the want of coincidence between the meaning usually attached to this word and its Greek derivatives. Further, I cannot rest satisfied with a belief that any disease of the supra-renal capsules is in itself sufficient to give rise to this extreme splanchnæmic condition, far beyond anything like "leucocytosis," or that condition of the blood alluded to by Virchow under this name, in which there is a deficiency of red corpuscles from their *normal ratio* to the white, and so designated by him in contradistinction to the same condition (only more extreme, the proportion being *more* abnormal) caused by splenic hypertrophy. I do not understand the remark of Mr. Power regarding "abscess" being "the final termination in the event of life lasting long enough." If Addison's disease proper be fatty degeneration, may I ask, Do such degenerations end in abscess? Dr. Wilks says that true Addison's disease terminates by the capsules either softening or drying up into a chalky mass. My third question points to a vague theory, accounting for the usual cutaneous discoloration, to which I venture to turn my attention. It should be remembered that there are many diseases of these glands which *never* produce discoloration, and cannot be considered, in the least, specimens of Addison's disease. That gentleman did not describe all capsular diseases in general, but one form in particular, which, according to him, produces, or is accompanied by, bronzing of the skin. Tubercular deposition, for instance, in these glands has not been found to produce this mysterious result.

So far I have merely alluded to structural changes and their signs. Now a few words regarding "symptomatology," or the products of disordered functions.

In a disease so rare as the present, symptoms always are interesting, and frequently reveal something perhaps otherwise perfectly inexplicable. I should be glad to know in this case the several symptoms observed, their relative importance, and chronological order of succession. We might fairly suppose the presence of functional murmurs with the heart sounds.

1st. Did any exist?

2nd. Was there an absence of perspirations? I would not suppose there was in this case. This in my mind is a remarkable symptom.

3rd. Was there any albumen in the urine? Its specific gravity and colour?

4th. What was the character of the alvine secretions?

These are all matters of importance. Perhaps Mr. Power will forego the trouble, and place some further particulars on a case (seemingly most interesting) before his professional brethren.

I am, Sir, your obedient servant,

South Molton, Dec. 13th, 1869. FRANCIS E. CLARKE, B.A., M.B.

Mr. J. S. Wilson.—The official instructions to the registrars of deaths specify that when a registrar receives a written statement of the cause of a death from a person "not legally qualified as a medical practitioner," he is to write "not certified" under the heading "cause of death" in the register. The registrars, in carrying out this instruction, are guided solely by the 34th section of the Medical Act, which defines a "legally qualified medical practitioner" to mean a person registered under the provisions of that Act. It would be essential, as a ground of complaint against the registrar in question, for our correspondent to satisfy himself—first, that the person giving the certificate is not a registered practitioner; and secondly, that the registrar entered the cause of death in his register as "certified."

Dr. Theo. Parker, (Abbotsbury.)—The poem is well conceived and well expressed; but our columns are not open to the votaries of Melpomene.

Mr. J. Wharton.—We see no justification of Dr. Bradbury's conduct in the statement of the case.

AN UNUSUAL CASE OF TETANUS.

FROM Rhymney, Monmouthshire, we have, owing to its becoming a question as to the blame attributable to the local Poor-law authorities, a report of a case of tetanus proving fatal *seven weeks and five days* after the receipt of the injury. Mr. Redwood, under whose care the patient came for a fractured leg, was inclined to attribute the onset of tetanus the day before death to a want of sufficient nourishment, the relieving officer having ignored his repeated orders in that respect, and the jury in their verdict censured that official. In his article on Tetanus in "Holmes's System of Surgery," Mr. Poland remarks: "It is asserted, and generally maintained to be correct, that tetanus occurring over twenty-two days after the injury has been inflicted is more likely to be recovered from; and that the more sudden the onset after receipt of the injury, the more surely will the result be fatal; but at the same time we must bear in mind that some of the severest and most rapid cases have occurred where an interval of ten days has elapsed. Of 277 cases there were—

Previous to the 10th day ...	130 cases,	of whom	101 died.
From the 10th to the 22nd day,	126 „	„	65 died.
Above 22 days	21 „	„	8 died."

A City Clerk.—There is good reason to believe that no infection proceeds from a case of scarlet fever after the peeling of the skin is completed, and this would be the case before convalescence was established. There can, therefore, be no risk from the actual body of the clerk referred to. The date of commencement of the sister's illness is not given, so that concerning her we cannot judge. But the poison of scarlet fever is very subtle and enduring, and often lurks in clothes and other articles, especially if they have been shut up in drawers or boxes after exposure to it. The answer to the question asked would really depend on what is not stated—namely, whether proper measures were taken during the course of the illness to prevent the dissemination of contagion by the sick. If so, there can be no risk. If not, there is a remote possibility that the cold weather may bring out some extra wrapper that will be in a condition to propagate disease. There is no fear of our correspondent "taking home" scarlet fever from such a source, except by contracting it himself, and even then it ought not to be allowed to spread to children.

Expectans.—The qualifications mentioned, we believe, would be accepted by the Poor-law Board. They recognise the same degrees in the London University.

A LIBERAL BOARD OF GUARDIANS.

To the Editor of THE LANCET.

SIR,—As acts of liberality on the part of boards of guardians are worthy of report, in order that the example of the liberal ones may be followed, I deem the following worthy of mention.

I had a patient suffering from ascites, from cardiac, renal, and hepatic disease. She had been under my care as a pauper from between four and five years. During the last three years I had tapped her *twenty times*. She died last November. As I had had a great deal of attention to pay her, I applied to the Spilsby Board of Guardians for an extra remuneration. Unanimously they agreed, on the motion of a brother medical man (a guardian), to allow me £5. This I hear to-day has been approved of by the Poor-law Board. There is some pleasure in recording such acts.

I remain, Sir, yours truly,

Stickney, near Boston, Dec. 13th, 1869. P. MAXWELL, M.D.

Delta.—In the case stated we do not see that B. was called upon to take any note of the circumstance that A. had formerly attended the patient. B. was duly summoned; and if the services of A. had been desired by the sick man, he would, doubtless, have asked for them when he recovered consciousness.

Mr. C. E. Roche.—Any dentist of standing will operate with the anæsthetic specified.

L'UNION MÉDICALE AND ANIMAL VACCINATION.

IN spite of lengthened discussions at the Academy of Medicine of Paris, much obscurity, it is considered, hangs over the actual value of this kind of vaccination. Under these circumstances, the above-named journal, one of the most influential of the French capital, proposes a regular inquiry as to facts, and invites communications from those members of the profession who will furnish an account of their own experience. The data are to be arranged by a committee appointed for that purpose, and will form the basis of a report to be published by the committee. The report will be inserted in the journal, and sent to every medical man who shall have supplied facts bearing upon the question. This is an imitation of the circular sent by Mr. Simon several years ago, the answers to which now form a most valuable document.

Mr. Metcalfe Johnson (Lancaster) shall receive a reply after a perusal of the paper.

BRIGHTON DRAINAGE.

SOME people are never satisfied. Those members of the Brighton Corporation who have so continuously opposed the proposal to remove the drainage from the front of the town have never ceased to grumble at the persistence with which the subject has been kept before the public in the columns of this journal. The question is now settled, and we conclude by congratulating the inhabitants on the result. But our detractors are not satisfied, and they accuse us now of raising the reputation of other watering-places at the expense of Brighton. We could well afford to treat such insinuations with contempt, and we trust that our silence will now be rightly construed as a proof of our sincere desire not to inflict harm but to confer good upon the town.

Dr. J. B. Budgett.—The correspondence on Harris and the London and Brighton Railway must cease.

CUTANEOUS SEQUELÆ OF VACCINATION.

C. M. H.—It is undoubted that cutaneous sequelæ do follow vaccination, and our correspondent might have noticed that in our various articles on the subject we have frequently recognised the fact. Vaccinia is, in this respect, just like other eruptive diseases: it is apt to develop any eruptive tendency there may be in the system; but it does so in a very slight degree, *far inferior to small-pox from which it protects*. Our correspondent is without data, we think, when he inclines to believe that when such eruptions as eczema or impetigo occur after vaccinia, they show impurity of lymph. It may be noticed that such eruptions will follow in one child, and not in another, though the same lymph is used. At the same time our correspondent's suggestion is sensible and sound, that more extended and systematic observations should be made of such cases, with a view to reduce the objections to vaccination to a minimum.

WE gather from the *Bath Chronicle* that Mr. Sneade Brown, to whose endeavours to bring about various sanitary reforms in Bath we have on former occasions referred, is now memorialising the Home Secretary for the enforcement of the Sanitary Act in respect of the drainage of certain parts of the city.

An Old Subscriber (Malaga) will find a notice on the subject on p. 33.

T. M. is thanked for the bill. It is an admirable specimen of the Morisonian style.

RUMEX OINTMENT.

To the Editor of THE LANCET.

SIR,—I observe that Dr. M'Call Anderson recommends rumex ointment with hypochloride of sulphur in cases of acne rosacea, and I have looked through Pereira's Materia Medica, but I cannot find any account of rumex. Will you oblige me with a short description of it? Is it the common sorrel, or is it the common dock of the fields? Yours obediently,

December 18th, 1869. W. A. B.

BICYCLE DANGERS.

THE Registrar-General's last Weekly Return contains what we presume to be the first record in London of a fatal effect of the new bicycle mania. We refer to it for the purpose of urging that means should be taken to put a stop to what is becoming much too common a practice—namely, for young lads to be careering wildly, and with obvious danger to themselves as well as to others, about thoroughfares like the Strand or Fleet-street in the full tide of traffic, upon these machines. The police should be instructed to deal with unskilful bicycle riders in crowded streets as they would do with a negligent or unskilful driver of any ordinary vehicle. The public may depend on it that, unless something of this sort be done, the Registrar-General will not be long before he has to record in his black books other cases analogous to the one he noted last week, of the lad of fifteen knocked down and killed by a cab in Piccadilly when riding a bicycle.

VIBRATORY MOTION AS A REMEDY.

To the Editor of THE LANCET.

SIR,—In connexion with a notice in your journal of the 18th instant of Dr. Taylor's observations on vibratory motion as a remedy, it may be interesting to your readers to know that continuous tapping (if tapping can be called continuous) is a traditional remedy in some parts of England for "rheumatic pains." I have heard of this remedy being employed in the Eastern counties, and I think also in Kent. I have known success attend this method of using vibratory motion.—Yours truly,

Dublin, Dec. 23rd, 1869. T. W. GRIMSHAW, M.D.

QUEEN'S COLLEGE, GALWAY.

WE have received communications from the President and one of the Students of Medicine of the above College, which shall receive attention next week.

A DISTINGUISHED HONOUR.

TO the account given elsewhere of the Schools of Medicine in New York, we regret that we can add nothing that in any way elucidates the following extract from a Lincolnshire paper:—

"On the 26th October last, the professors, trustees, and corporators of the Hygelo-Therapeutic College of New York, duly chartered by the Government of the United States, in full session, conferred upon our highly-esteemed townsman, Dr. H. A. Bray, their diploma of Doctor of Medicine. This honour is expressive of their high consideration of the great value of a series of original literary contributions furnished by him on the complex and multiform phases of Pathology, Physiology, Therapeutics, and Hygiene. The professors and members of the above College, who occupy the highest seats in medical jurisprudence, have only once before, since the year 1853, conferred a similar honour upon a gentleman resident in the United Kingdom."

We have been unable to find mention of any Dr. or Mr. Bray in the local list of the Medical Directory for the town referred to, and yet it seems hardly possible that there can be an error. The initials H. A. may, of course, be a mistake for "Neddy;" but the surname Bray seems both to vouch for its own authenticity and to support that of the narrative.

Beta.—A fee can undoubtedly be claimed, the amount varying with the distance travelled and time occupied. Half a guinea for the attendance, and the same for the report, would be moderate. We recommend a direct communication with the surgeon to the Company.

Hastings.—The term is popularly applied to varioloid, or modified small-pox.

Mr. J. I. Mois, (Thorner, Leeds.)—Thanks. The case shall be noticed in our next number.

A QUERY.

To the Editor of THE LANCET.

SIR,—Will you allow me to inquire, through the medium of THE LANCET, where I can obtain an original engraving of the great William Harvey, M.D., from the picture by Bennuel, engraved 1738.—Yours obediently,

December, 1869. ANATOMIST.

ON HÆMORRHAGE.

DR. BOUCHARD, of Paris, has lately published a work on the Pathogenesis of Hæmorrhage (Savy, 1869), in which he suggests these three divisions—1. Vascular rupture due to an exaggeration of the tension of the blood. 2. Vascular rupture due to diminished pressure of the parts round the vessel. 3. Vascular rupture depending on an inadequate resistance of the vessels. In the latter chapter will be found an account of the discovery of miliary aneurisms as a cause of cerebral hæmorrhage, a discovery due to M. Charcot and M. Bouchard. The author enters upon a survey of a great variety of hæmorrhages, and takes occasion to deny, as a cause, simple alterations of the blood. The book will be of use to those who wish to be acquainted with the advance of knowledge up to the present period, as regards the etiology or pathogenesis of hæmorrhage.

Dr. John Wardell, (Tunbridge Wells.)—We do not intend to publish a list of contributors. The paper shall be inserted.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Wm. Jenner; Dr. Brown-Séquard, Paris; Sir Wm. Fergusson; Prof. Syme, Edinburgh; Prof. Lister; Mr. Curling; Prof. Parkes, Netley; Dr. Wilks; Prof. Clay, Birmingham; Sir John Gray, M.P., Dublin; Dr. Cockle; Mr. H. Morgan; Dr. Bennett, Lymm; Mr. Bayley; Dr. M'Gill; Mr. S. Brown; Mr. Moore; Mr. Walker; Mr. Swanson; Mr. F. Smith; Mr. Reynolds; Mr. E. Berwick, Queen's University, Dublin; Mr. Waring-Curran; Dr. Parker; Mr. Green; Mr. Postgate; Mr. Roche; Mr. Fothergill; Mr. Hinton; Dr. Edwards, Wivelscombe; Mr. Monro, Derby; Dr. Hess; Mr. Matthews; Mr. Cooke, Eltham; Mr. Mackay; Mr. Hall, Dursley; Mr. Flinn, Liverpool; Mr. Hill; Mr. Baley, Ross; Dr. Cribb, Bishops Stortford; Mr. Morris; Mr. England, Liverpool; Mr. Hearn, Luton; Mr. Cotter; Mr. Alfred; Mr. Curgenven; Dr. Coales; Mr. Ball; Mr. Watkins, Worcester; Mr. Leonard; Mr. Taylor, Hartshill; Dr. Nottingham, Liverpool; Mr. Symons; Mr. Wilson, Richmond; Mr. Barber; Mr. Hopkins; Dr. Good, Dorchester; Mr. Needham; Mr. Raven; Dr. Bodington, Sutton Coldfield; Mr. Rose; Mr. Remmington, Oldham; Mr. Sydney Jones; Mr. Ashman; Mr. Hardestry; Mr. Buchanan; Dr. Taylor, Sheffield; Mr. Galtskell, King's Sutton; Dr. Elliott, Carlisle; Mr. Hastings, Guildford; Dr. Grimshaw, Dublin; Dr. Heaton; Mr. Earle; Dr. Sumpter; Mr. J. Galbraith, Geelong; Mr. G. Wadsworth, Emsworth; Mr. Irving; Mr. Regan, Dunblane; Mr. Swales; Mr. Burdett; Mr. Lowne; Dr. Roberts; Mr. Watt, Montreal; Mr. Bourne; Mr. Townson; Dr. Smith; Mr. Booth, Wrexham; Mr. Solomon, Birmingham; Mr. Gornall, Preston; Dr. White, Woodstock; Mr. Broke Gallwey, Liverpool; Mr. T. Swadbrick, Wigan; Mr. Hosford; Mr. Hodiman; Dr. Boulland; Messrs. Letts & Co.; Mr. Mercer; Mr. Holman; Mr. Angus, Newcastle-upon-Tyne; Mr. Shaw; Dr. Aldridge; Dr. Lodge, Liverpool; Mrs. Charles Pitt; Dr. Heard, Bangalore; Mr. Deane; Mr. Anderton; Mr. Johnson, Lancaster; Dr. Rogers; Dr. Williams, Newport; Dr. Heardor, Carmarthen; Colonel F. C. Maude; Mr. S. Lee; Dr. Murray, Fort William; Dr. Whitelaw, Kirkintilloch; Dr. Johnstone, Upholland; Mr. Hemingway; Dr. Donkin, Sunderland; Messrs. Sims & Co., Southampton; Mr. W. Jones; Mr. Powell; Dr. Hills; Dr. A. Clarke; Mr. Hemans; Dr. Felce; Mr. Walker; Dr. Herbert, Sligo; Mr. Morison, Pembroke; Mr. Parry; Dr. Wood; Dr. Holdsworth, Wakefield; Mr. Pratt, Stokesley; Mr. Hinman; Dr. Evans, Narberth; Mr. King; Dr. Martin, Oldham; Dr. Rayner, Stockport; Mr. Myram; Mr. J. Davies, Coleshill; Dr. Kernot, Poplar; Mr. Gibbons; Prof. Georgii; Mr. Jeffery; Mr. Jackson; Dr. Matthews, Yealand; A Subscriber; Royal Institution; The Director-General of the Medical Department of the Navy; Medicus; Delta; A Subscriber; M. A. B.; A Liverpudalian; E. W.; B. M. H.; B. B.; Capilla; The Mineral Oil Association; Anti-Humbug: Physician; Beta; M.D.; The Committee of the Medical Benevolent Fund; H. T.; Cantab.; One of the Examined; The President of the Queen's College, Galway; Q. B.; E. A.; M. A. L.; &c. &c.

St. Louis Medical and Surgical Journal, Welshman, Staffordshire Sentinel, Scarborough Gazette, Gibraltar Chronicle, Australian Medical Journal, Western Mail, Wigan Observer, Ararat Advertiser, Liverpool Daily Courier, Supplement to the Punjaub Government Gazette, West African Herald, Cambria Daily Leader, Liverpool Albion, Port Louis Commercial Gazette, Parochial Critic, Whitehaven News, North Wales Daily Chronicle, Hornet, Edinburgh Evening Courant, Bolton Chronicle, Northampton Mercury, Essex News, Brighton Observer, Daily Post, Preston Herald, Eastern Post, Wigan Examiner, Newcastle Daily Chronicle, New York Medical Gazette, Barnsley Chronicle, Shepton Mallet Journal, Sheffield Telegraph, Wigan Observer, and *Brighton Gazette* have been received.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.